



**Health Budgets &
Financial Policy**

Uniform Business Office Elective Cosmetic Surgery User Guide

July 2009

To be used in conjunction with
Cosmetic Surgery Estimator, Release Version 5 (2009)

Document Change History

Document Version	Date	Description of Change	Affected Sections
Initial Release	July 1, 2008	Revision to accompany version 4.0 of the Cosmetic Surgery Estimator (CSE)	All
V5	July 1, 2009	Revision to accompany version 5.0 of the Cosmetic Surgery Estimator (CSE)	All

NOTABLE CHANGES FROM VERSION 4 TO VERSION 5

Deleted CPT Codes:

CPT Code	CPT Description	Reason
17000	Destruction; first premalignant lesion	These codes were reclassified as medically necessary and therefore available as TRICARE covered benefits
17003	Destruction; 2 – 4 premalignant lesions	
17004	Destruction; 15 or more premalignant lesions	
17110	Destruction; up to 14 benign lesions	
17111	Destruction; 15 or more benign lesions	
15832+ 15835	Partial Lower Body Lift (Thigh Lift + Buttock Lift)	All combination procedures have been deleted. However, the individual procedures remain and if chosen in combination with other procedures the applicable 50% discount still applies. Change in CSE action: all procedures must be chosen individually to create a proper cost estimate. Discounts are applied automatically by CSE.
15877+ 15878+ 15879	Suction assisted Lipectomy; total body, excluding head and neck	
17999+ 15832+ 15835	Total Lower Body Lift (Abdominoplasty + Thigh Lift + Buttock Lift)	

New CPT Codes—124 New Procedures have been added in the following categories:

- Removal of skin tags
- Shaving of epidermal or dermal lesion
- Wound Excision & Repair
- Lip Augmentation
- Facial Reconstruction
 - Jaw Reconstruction
 - Bone Grafts
- Excision of Excessive Skin
 - Leg lift
 - Forearm lift
- Cornea Refraction Surgery

- Keratomileusis
- Keratophakia
- Epikeratoplasty
- Keratoprosthesis

See Appendix C for a complete list of new procedures for CSE v5

Procedure Changes:

- The cost of Botox[®] is no longer included in the price for Chemodenervation procedures. When pricing a Chemodenervation procedure (CPT Codes: 64612, 64613, 64614, 64650, and 64653) both the procedure and the quantity of Botox necessary must be indicated on the Superbill. The cost of Botox is pre-populated in both the Superbill and CSE at \$5.41/unit.
- There is a new discount when a patient chooses to combine an elective cosmetic procedure with a medically necessary procedure during the same surgical encounter. Institutional fees and anesthesia charges are automatically discounted by 50% in CSE when this is notated by the physician

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INTRODUCTION

Purpose

The Elective Cosmetic Surgery User Guide serves as a reference for all TRICARE Management Activity (TMA) Uniform Business Office (UBO) staff and military treatment facility (MTF) personnel who are engaged in some part of billing for elective cosmetic surgical procedures. This guide is designed specifically for two key groups:

1. **Providers**, who complete the Cosmetic Surgery Superbill when a patient requests elective cosmetic surgery.
2. **Billers** in the Medical Services Account (MSA) office, who process the payment before and after the procedure.

The Elective Cosmetic Surgery User Guide is designed to ensure that everyone has the same basic information to estimate and bill elective cosmetic surgery procedures consistently in all MTFs.

The guide is updated as needed to reflect continued refinements to elective cosmetic surgery billing procedures and to reflect any changes to billing rates for these procedures. It is reviewed at least quarterly by TMA's UBO Advisory Working Group (AWG). Members of the UBO AWG include UBO Managers from the Army, Air Force, and Navy.

Background

In 2005, the Department of Defense's (DoD) Office of Health Affairs (HA) released an updated Policy for Cosmetic Surgery Procedures in the Military Health System (MHS). HA Policy 05-020 expanded on a 1992 policy that allowed a limited number of cosmetic surgery cases to "support graduate medical education training, board eligibility and certification, and skill maintenance for certified specialists in plastic surgery, ears, nose and throat, ophthalmology, dermatology, and oral surgeries." (The complete policy is in Appendix A and it is elaborated on in an article in Appendix B.)

The 2005 policy reinforced the following DoD HA positions:

- Elective cosmetic surgery is not a TRICARE covered benefit.
- Providers "have a valid need" to perform elective cosmetic surgery procedures to maintain their skills, recognizing that the skills used to perform cosmetic surgery procedures "are often the same skills required to obtain optimal results in reconstructive surgery."
- A provider may not spend more than 20 percent of his or her case load on cosmetic surgery procedures.
- Patients must pay the estimated fees, in full, for all elective procedures before surgery is scheduled.
- Patients must sign an acknowledgement of their continued financial responsibility to cover the cost of any unanticipated services (e.g., long term follow up care and revision surgeries) and they must pay any additional fees within thirty (30) days after receiving a final bill.
- Treatment for any complications from an elective cosmetic procedure is a non-covered service, for which the patient is financially responsible.

- Active Duty personnel must have written permission from their unit commander before undergoing an elective cosmetic surgery procedure.
- Procedures are performed on a “space available” basis only.

Organization of This Document

This document contains all the information providers and the MSA office staff need to arrange and bill for elective cosmetic surgery.

The remainder of this section contains references the various codes and manuals on which the policy is based and definitions of terms and abbreviations found in the document.

Process Overview describes each step in obtaining and paying for elective cosmetic surgery. The steps correspond to a flow diagram of the entire process.

Providers Guide to the Elective Cosmetic Surgery Superbill explains what the Superbill is and how providers should complete each section.

Billers Guide to the Cosmetic Surgery Estimator introduces the CSE and general instructions on how to use it with a completed Superbill.

Appended to this users guide are the following items:

- A** – DoD Health Affairs Policy 05-020: Policy for Cosmetic Surgery Procedures in the Military Health System
- B** – “Spotlight” on Cosmetic Surgery Policy
- C** – Medical and Dental Reimbursement Rates and Pharmacy Rates 2009 Policy Letter
- D** – Sample Letter of Acknowledgement for Cosmetic Surgery
- E** – Cosmetic Surgery Estimator v5 Rate Table
- F** – Cosmetic Surgery Estimator v5 Training Guide
- G** – Bilateral, Add-on, Inpatient, and Quantitative Procedures
- H** – Elective Surgery Cosmetic Surgery Superbill

References

Code of Federal Regulation (CFR), Title 32, Section [119.4](#), Basic Program Benefits

Code of Federal Regulation (CFR), Title 32, [Part 220](#), Collection From Third Party Payers Of Reasonable Costs Of Healthcare Services

DoD 6010.15-M, Military Treatment Facilities (MTF) UBO [Manual](#), current version

DoD [Glossary](#) of Healthcare Terminology

Health Affairs (HA) Policy for Cosmetic Surgery Procedures in the Military Health System ([HA Policy 05-020](#))

[Medical](#) and Dental Rates Package, current version

Professional Services and Outpatient [Coding Guidelines](#), current version

TMA [Privacy](#) Office (includes information about privacy provisions in Health Insurance Portability and Accountability Act (HIPAA))

TRICARE Policy [Manual](#) (TPM)

[UBO Web site](#)

United States Code (USC), Title 10, [Section 1095](#)

Definitions

ACGME (Accreditation Council for General Medical Education)

ADM (Ambulatory Data Module, in CHCS)

AMA (American Medical Association)

Anesthesia. Rates for these professional services are derived from TRICARE “base units” for the associated anesthesia CPT code plus the average intra-operative time multiplied by the conversion factor of \$20,88 per unit,

APC (Ambulatory Payment Classification)

APU (Ambulatory Procedure Unit)

APV (Ambulatory Procedure Visit)

Associated Procedures. More than one procedure performed on the same day as the primary procedure.

Bilateral Procedure. If the same procedure is performed on both sides of the body or members of paired organs (right & left), then the second procedure fee is reduced by 50% of the primary procedure (e.g., for thigh liposuction, if left thigh is \$7600.00, the right thigh will be \$380.00 for the surgeon's fee.)

CFR (Code of Federal Regulations)

CHAMPUS (Civilian Health and Medical Program of the Uniformed Services)

CHCS (Composite Health Care System)

CMAC (CHAMPUS Maximum Allowable Charge)

Cosmetic Surgery. Any elective plastic surgery performed to reshape normal structures of the body in order to improve the patient's appearance or self-esteem.

Cosmetic Surgery Superbill. A paper form for capturing coding for a specific patient visit. The provider identifies the correct procedure(s) on the form and gives it to the MSA clerk to enter in the CSE to estimate the cost of the procedure(s).

Covered Service. A medical service an enrollee may receive at no additional charge, or with an incidental co-payment under the terms of the prepaid health care contract.

CSE (Cosmetic Surgery Estimator). A Microsoft Access-based software application to help MSA clerks estimate the cost of a cosmetic procedure before it is performed.

CPT (Current Procedural Terminology). A systematic listing of codes that classify medical services and procedures. Copyrighted by the AMA.

DoD (Department of Defense)

DRG (Diagnosis Related Group)

Elective Surgery. A procedure that is chosen by a patient with a physician that is not considered medically necessary and can be performed at any time.

General Anesthesia. A state of controlled unconsciousness.

GME (Graduate Medical Education)

HA (Health Affairs, DoD)

HIPAA (Health Insurance Portability and Accountability Act of 1996)

I&A (Institutional and Anesthesia components of a procedure)

I&R (Invoice & Receipt)

ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification)

IP (Inpatient)

Implants. The stock number and quantity of implants (e.g., breasts, chins) supplied by the MTF should be entered by the MSA clerk.

Inquiry. The process of entering data into the CSE to obtain an estimate of cost for cosmetic surgery.

Letter of Acknowledgement. A letter that must be signed by a patient before any elective cosmetic surgery can be scheduled and performed. In the letter, the patient agrees to pay any additional costs associated with the surgery. (See sample letter in Appendix D.)

MAC (Monitored Anesthesia Care) Includes varying levels of sedation, analgesia and anxiolysis as necessary and subject to the same level of payment as general anesthesia.

MHS (Military Health System)

MSA (Medical Services Account). For this guide, MSA involves billing and collecting funds from DoD beneficiaries for elective cosmetic surgical procedures.

MTF (Military Treatment Facility)

OR (Operating Room)

Procedure. A surgical method for modifying or improving the appearance of a physical feature, defect, or irregularity.

Reconstructive Surgery. Any plastic surgery performed on abnormal structures of the body which are caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Reconstructive surgery is generally performed to improve function, but may also be done to approximate a normal appearance.

Superbill. See **Cosmetic Surgery Superbill.**

TMA (TRICARE Management Activity)

TPM (TRICARE Policy Manual)

TPOCS (Third Party Outpatient Collection System)

UBO (Uniform Business Office)

USC (United States Code)

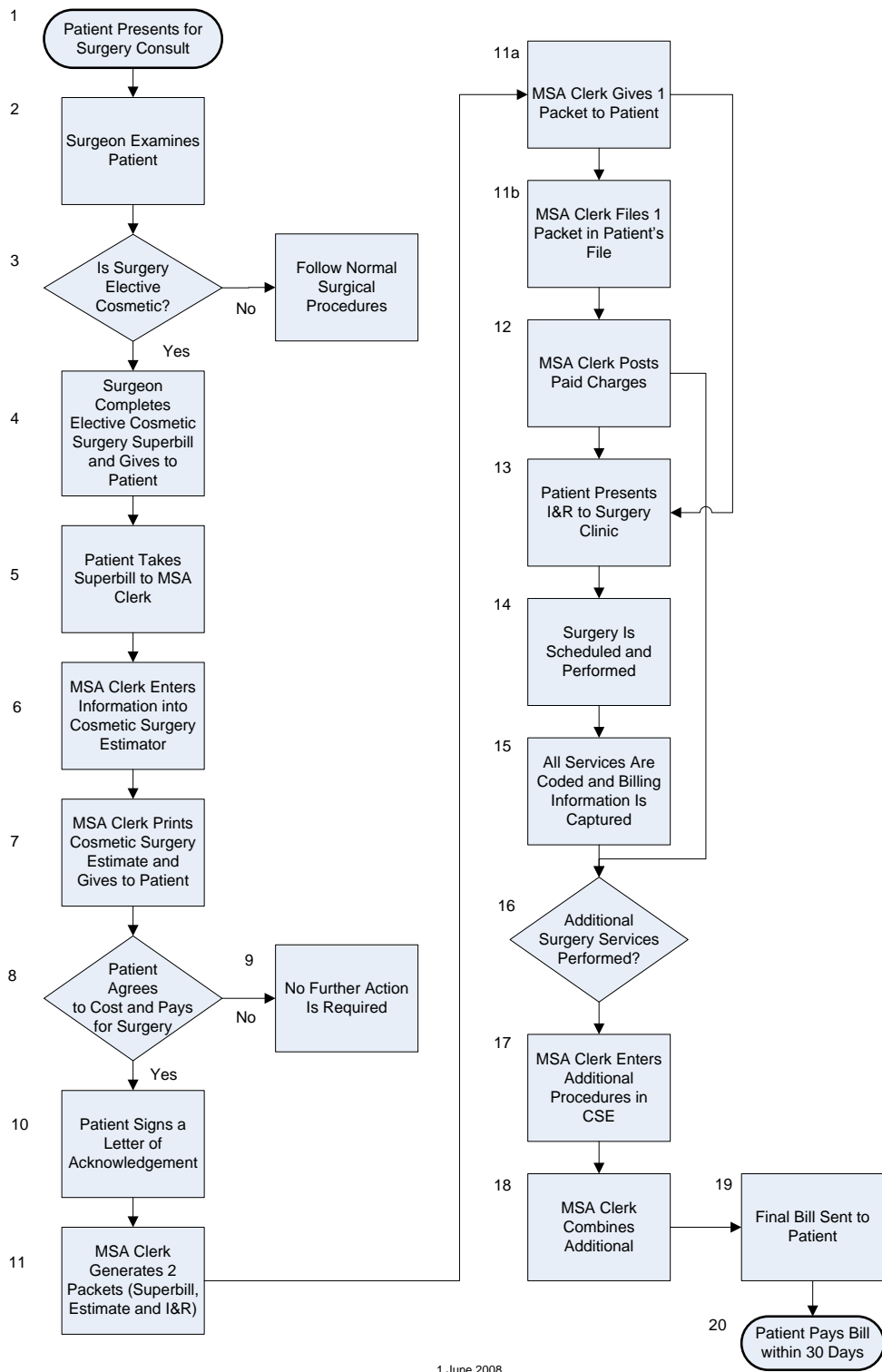
Y-Codes. Created by TMA UBO for procedures lacking CPT codes ; used as MSA codes.

PROCESS OVERVIEW

Description of the Process

1. A patient consults a surgeon.
2. The surgeon examines the patient.
3. The surgeon determines if the surgery is elective cosmetic. If the surgery is not elective cosmetic, normal surgical procedures apply and the CSE and Superbill are not needed.
4. If the surgery is elective cosmetic, the surgeon completes a Cosmetic Surgery Superbill and gives it to the patient.
5. The patient presents the completed Cosmetic Surgery Superbill to the MSA office.
6. The MSA clerk enters the information from the Cosmetic Surgery Superbill into the Cosmetic Surgery Estimator (CSE).
7. The MSA clerk determines the price of the procedure(s) based on the CSE report and prints an invoice and receipt (I&R) for the patient.
8. When the patient agrees to the estimate, they must pay for it before the surgery can be scheduled and performed.
9. If the patient is not prepared to pay for the surgery at that time, the patient is given the written estimate; no additional action is required.
10. In addition to paying for the procedure, the patient must sign a letter acknowledgement (see Appendix D) before the surgery can be scheduled and performed. In the letter of acknowledgement, the patient agrees to pay for any additional fees once the surgery is completed and no later than 30 days after presentation of the final bill.
11. The MSA clerk collects the estimated payment and generates two copies each of the Estimator Report, the I&R, and the Superbill.
 - a. The patient is given one copy of this packet.
 - b. The other packet is included in the patient's medical file.
12. The MSA clerk posts the charges as paid, and issues a receipt to the patient.
13. The patient presents the receipt to the Surgery Clinic.
14. The surgery is scheduled and performed.
15. After the surgery is completed, reconciliation of all services is performed after coding is completed and additional charges are captured.
16. If no additional surgical procedures were performed, there is no additional bill generated.
17. If additional surgical procedures, billable supplies, or pharmaceuticals are provided, the MSA clerk enters any additional procedures or applicable other costs into the CSE to capture those charges.
18. The MSA clerk combines any charges for additional surgical procedures and facility charges.
19. The MSA clerk sends the final bill to the patient.
20. The patient pays the final bill within 30 days of receipt.

Process Flow



1 June 2008

FEES FOR ELECTIVE COSMETIC SURGERY

The cost of an elective cosmetic procedure includes many components: the provider's fee, facility fee, anesthesia charges, etc. TMA's UBO created a Microsoft Access-based software application, the Cosmetic Surgery Estimator (CSE), to help MTFs accurately estimate the total cost so that patients can pay for procedure(s) before they are performed. The CSE incorporates the rates described in Appendix C.

Billing for elective cosmetic surgery is a MSA function. Unlike medically necessary procedures, the patient is fully responsible for all charges including implants, cosmetic injectables, and other separately billable items associated with the elective cosmetic procedure(s) performed. Even if the patient has other health insurance (OHI), the patient is still responsible for the bill. The patient may file a claim with their secondary health insurance company independently.

Basis for Charges

Charges for elective cosmetic surgery procedures are based on the procedure(s) performed and the location of service (i.e., provider's office, operating room outpatient, or operating room inpatient). Rates are not based on the treating MTF's geographic location.

Professional charges: Rates for the professional charges (i.e., surgeon's fees) based on the CHAMPUS Maximum Allowable Charge (CMAC) national average rates (CMAC locality, 300). The CMAC "facility physician" category is used for the professional component for services furnished by the provider in a hospital operating room or ambulatory procedure unit (APU) and the CMAC "non facility physician" category is used for the professional component for services furnished in a provider's office.

Anesthesia charges: Anesthesia rates are derived from applying the anesthesia CPT code applicable to each procedure, and adding together the TRICARE anesthesia base units (representing pre and post-operative care) and the average intra-operative time units for the specific procedure (in 15 minute increments) multiplied by the median TRICARE conversion factor, rounded to the nearest \$10.00.

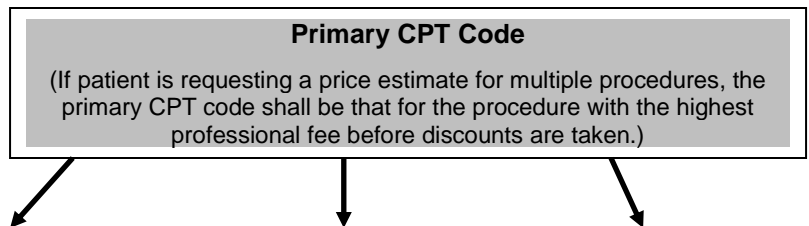
$$(\text{TRICARE Anesthesia Base Units} + \text{Average Surgical Time Units}) \times \text{TRICARE Anesthesia Conversion Factor, rounded to nearest \$10.00}$$

Outpatient institutional charges: The institutional fee for outpatients using a hospital operating room or APU is based on the TRICARE Ambulatory Payment Classification (APC) rate associated with the each procedure, subject to discounting in accordance with coding and reimbursement industry standards. When there is no APC rate associated with a cosmetic procedure, such as calf augmentation, the APC rate of a similar procedure (e.g., involving similar time, skills, and equipment) is used.

Inpatient institutional charges: For cosmetic procedures performed in the inpatient setting, the overall rate is a sum of the Diagnostic Related Group (DRG) weight applicable to the primary procedure multiplied by the TRICARE MS_DRG Adjusted standardized amount (ASA), plus applicable professional and anesthesia fees, rounded to the nearest \$10.00, and subject to multiple procedure discounting.

$$(\text{DRG Weight} \times \text{TRICARE MS-DRG ASA}) + \text{Professional Fee} + \text{Anesthesia Cost, rounded to nearest \$10}$$

Basis for Discounts



	Provider's Office	OR/Outpatient	OR/Inpatient
Elective Procedure Combined with a Medically Necessary Procedure	<p>N/A</p> <p><i>No pricing variances exist. Use CSE to price all elective procedures performed in the office or treatment room</i></p>	<p>Professional Fee for Elective Procedure, 100%</p> <p>+ Facility Fee (APC), 50%</p> <p>+ Anesthesia Fee, 50%</p>	<p>Professional Fee for Elective Procedure, 100%</p> <p>+ Facility Fee (DRG), 50%</p> <p>+ Anesthesia Fee, 50%</p>
Bilateral Procedure	+ Professional Fee, 50%	<p>+ Professional Fee, 50%</p> <p>+ Facility Fee (APC), 50%</p>	<p>\$1000 flat fee</p> <ul style="list-style-type: none"> Covers additional professional, facility, and anesthesia fees If more than one additional bilateral procedure is done, \$1000 fee is applied to each additional procedure
Quantitative/Additional Sessions	+ Professional Fee, 50%	<p>+ Professional Fee, 50%</p> <p>+ Facility Fee (APC), 50%</p>	<p>\$1000 flat fee</p> <p>Covers additional professional, facility, and anesthesia fees</p>
Add-On Code	+ Professional Fee only, 100%	<p>+ Professional Fee, 100%</p> <p>+ Facility Fee (APC), 50%</p> <p>No additional anesthesia fee</p>	<p>\$1000 flat fee</p> <p>Covers additional professional, facility, and anesthesia fees</p>
Multiple Add-On Codes	<p>No discount.</p> <p>+ Professional Fees, 100%</p>	<p>Professional fee 100%</p> <p>+ Facility Fee (APC), 50% for the first add-on code?</p>	<p>\$1000 flat fee</p> <p>Covers additional professional, facility, and anesthesia fees</p>
Additional Procedure(s)	+ Professional Fee, 50%	<p>+ Professional Fee, 50%</p> <p>+ Facility Fee (APC), 50%</p>	<p>\$1000 flat fee</p> <p>Covers additional professional, facility, and anesthesia fees</p>
<p>Chemodenervation</p> <p>CPT: 64612, 64613, 64613, 64650</p>	<p>Resident Discount Available (for patients 64 years of age or younger)</p> <p>Professional Fee = \$50</p> <p><i>*Discounted Professional Fee for Dermatology residents cannot be combined with any other discount (e.g., less 50% for multiple procedures and/or bilateral procedures)</i></p>	<p>Resident Discount Available (for patients 64 years of age or younger)</p> <p>Professional Fee = \$50</p> <p><i>*Discounted Professional Fee for Dermatology residents cannot be combined with any other discount (e.g., less 50% for multiple procedures and/or bilateral procedures)</i></p>	<p>Resident Discount Available (for patients 64 years of age or younger)</p> <p>Professional Fee = \$50</p> <p><i>*Discounted Professional Fee for Dermatology residents cannot be combined with any other discount (e.g., less 50% for multiple procedures and/or bilateral procedures)</i></p>

PROVIDERS GUIDE TO THE ELECTIVE COSMETIC SURGERY SUPERBILL

The Cosmetic Surgery Superbill is a two-page document that must be completed by the provider when a cosmetic procedure is requested. It contains the codes for all elective cosmetic surgical procedures, and it is the basis for any elective cosmetic surgery performed at an MTF.

The provider consults with the patient and completes the Superbill indicating the procedures they agree will be done. The provider then gives the completed Superbill to the patient, and the patient takes it to the MSA clerk (usually in the Resource Management office).

The MSA clerk enters the information from the completed Superbill into the Cosmetic Surgery Estimator and generates an estimated bill for the patient.

Once the patient pays the estimated bill in full and acknowledges responsibility to any additional costs, he or she can schedule the procedure.

After the procedure is completed, the MSA clerk reviews the documentation of the event to ensure that paid procedures were performed. If additional procedures were performed, an adjusted final bill is sent to the patient.

(A reduced version of the front and back of the Superbill appear on the following pages; a larger version is in Appendix H. Electronic versions can be obtained from the UBO Service Managers.)

MTF:				Patient Name:			
Provider's Name and Phone:				Visit Date: / / Surgery Date: / /			
ICD-9 Code 1:		ICD-9 Code 2:		Anesthesia:		<input type="checkbox"/> Local Block	
Location: <input type="checkbox"/> Office/Minor Surgery Room <input type="checkbox"/> Operating Room Inpatient		<input type="checkbox"/> Operating Room Outpatient		<input type="checkbox"/> Monitored/General Anesthesia Care		<input type="checkbox"/> Topical	
				<input type="checkbox"/> Moderate Sedation		<input type="checkbox"/> None	
Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty
SKIN TAG REMOVAL				RHYTIDECTOMY			
Removal of skin tags, up to 15	11200			Rhytidectomy; forehead	15824		
Removal of skin tags, ea addl 1-10	11201			Rhytidectomy; neck w/P-Flap tightening	15825		
LESION REMOVAL				Rhytidectomy; glabellar grown lines	15826		
Shaving of Epidermal or Dermal Lesions (single lesion)				Rhytidectomy; cheek, chin, & neck	15828		
Trunk, arms or legs				Rhytidectomy; SMAS flap	15829		
< 0.5 cm lesion diameter	11300			BREAST/CHEST AUGMENTATION			
0.6 to 1.0 cm lesion diameter	11301			Mastectomy for Gynecomastia	19300		
1.1 to 2.0 cm lesion diameter	11302			Mastopexy (Breast Lift)	19316		
> 2.0 cm lesion diameter	11303			Mammoplasty; reduction	19318		
Scalp, neck, hands, feet, genitalia				Mammoplasty; augmentation w/o	19324		
< 0.5 cm lesion diameter	11305			Mammoplasty; augmentation w/implant	19325		
0.6 to 1.0 cm lesion diameter	11306			Removal of intact mammary implant	19328		
1.1 to 2.0 cm lesion diameter	11307			Removal of implant material	19330		
> 2.0 cm lesion diameter	11308			Immediate insertion of implant	19340		
Face, ears, eyelids, nose, lips, mucous membrane				Nipple enlargement	19350-E		
< 0.5 cm lesion diameter	11310			Nipple reduction	19350-R		
0.6 to 1.0 cm lesion diameter	11311			Pectoral Augmentation w/implant, male	21899		
1.1 to 2.0 cm lesion diameter	11312			EXCISION OF EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE			
> 2.0 cm lesion diameter	11313			Abdominoplasty only (mini tuck)	17999-Y5831		
Excision of Benign Lesion (including margins)				Panniculectomy	15830		
Trunk, arms or legs				Panniculectomy w/abdominoplasty & umbilical transposition	15847		
< 0.5 cm excised diameter	11400			Thigh Lift	15832		
0.6 to 1.0 cm excised diameter	11401			Leg Lift	15833		
1.1 to 2.0 cm excised diameter	11402			Hip Lift	15834		
2.1 to 3.0 cm excised diameter	11403			Buttock Lift	15835		
3.1 to 4.0 cm excised diameter	11404			Brachioplasty (Arm Lift)	15836		
> 4.0 cm excised diameter	11406			Forearm or Hand Lift	15837		
Scalp, neck, hands, feet, genitalia				Submental Fat Pad (chin)	15838		
< 0.5 cm excised diameter	11420			Lift, Other Area	15839		
0.6 to 1.0 cm excised diameter	11421			LIPOSUCTION — SUCTION ASSISTED LIPECTOMY			
1.1 to 2.0 cm excised diameter	11422			Trunk	15877		
2.1 to 3.0 cm excised diameter	11423			Upper Extremity	15878		
3.1 to 4.0 cm excised diameter	11424			Lower Extremity	15879		
> 4.0 cm excised diameter	11426			LIPOSUCTION — ULTRASOUND ASSISTED LIPECTOMY			
Face, ears, eyelids, nose, lips, mucous membrane				Head & Neck	17999-Y5876		
< 0.5 cm excised diameter	11440			Trunk	17999-Y5877		
0.6 to 1.0 cm excised diameter	11441			Upper Extremity	17999-Y5878		
1.1 to 2.0 cm excised diameter	11442			Lower Extremity	17999-Y5879		
2.1 to 3.0 cm excised diameter	11443			FAT TRANSFER			
3.1 to 4.0 cm excised diameter	11444			Fat transfer; lips	17999-Y5000		
> 4.0 cm excised diameter	11446			Fat transfer; melolabial folds	17999-Y5001		
Destruction of Cutaneous Vascular Proliferative Lesions				Fat transfer; marionette lines	17999-Y5002		
< 10 sq cm	17106			Fat transfer; forehead	17999-Y5003		
10.0 - 50 sq cm	17107			Fat transfer; glabella	17999-Y5004		
Over 50 sq cm	17108			Fat transfer; tear troughs	17999-Y5005		
Destruction; Benign Lesions (not skin tags or cutaneous proliferative)				Fat transfer; crows feet	17999-Y5006		
Destruction; 1-14 benign lesions	17110			CHEMODENERVATION (add Botox qty below)			
Destruction; 15 + benign lesions	17111			Performed by a dermatology resident? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Chemical Cauterization				Chemodenevation; facial	64612		
Cautery; granulation tissue (proud flesh, sinus or	17250			Chemodenevation; neck	64613		
BLEPHAROPLASTY, BLEPHAROPTOSIS, CANTHOPLASTY				Chemodenevation; extremity or trunk	64614		
Blepharoplasty; lower eyelid	15820			Chemodenevation; both axillae	64650		
Blepharoplasty; w/extensive herniated fat pad	15821			Chemodenevation; eccrine glands other areas, per day	64653		
Blepharoplasty; upper eyelid	15822			Botox		Price	Qty
Blepharoplasty; upper eyelid w/excessive skin	15823			Botulinum Toxin	J0585	\$5.41	
Blepharoptosis; internal approach	67903			LASER VEIN TREATMENT			
Blepharoptosis; external approach	67904			Laser treatment, leg veins	17999-Y0050		
Canthoplasty	67950			VEIN STRIPPING			
RHINOPLASTY				Ligation of long saph vein @	37700		
Primary (lateral & alar cartilages or elevation of tip)	30400			Short saph veins	37718		
Primary, complete	30410			Long saph veins, to knee or below	37722		
Primary, w/major septal repair	30420			Stab phlebectomy; one extremity 10-20	37765		
Secondary, minor revision	30430			Stab phlebectomy; one extremity 20+	37766		
Secondary, intermediate revision	30435						
Secondary, major revision	30450						
Secondary to cleft lip/palate, tip only	30460						
Secondary to cleft lip/palate, tip, septum, osteotomies	30462						
				Bi = Bilateral; Qty = Quantity			

Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty
FACIAL RECONSTRUCTION/REVISION/AUGMENTATION				FACIAL RECONSTRUCTION/REVISION (con't)				WOUND REPAIR			
Genioplasty				Other Facial Reconstruction or Revision				Scalp, neck, axillae, external genitalia, trunk, and/or extremities			
Genioplasty; augmentation	21120			Reconst; zygomatic arch & glen foss	21255			Simple, 2.5 cm or less	12001		
Genioplasty; sliding osteotomy, single	21121			Reconst; orbit w/extracranial osteotomies	21256			Simple, 2.6 cm to 7.5 cm	12002		
Genioplasty; sliding osteotomies, 2 or more	21122			Periorb osteotomies, extracranial w/graft	21260			Simple, 7.6 cm to 12.5 cm	12004		
Genioplasty; sliding augmentation w/bone grafts	21123			Periorb osteotomies, extra/intracranial	21261			Simple, 12.6 cm to 20.0 cm	12005		
Mandibular Augmentation				Periorb osteotomies w/forehead	21263			Simple, 20.1 cm to 30.0 cm	12006		
Augmentation; mandibular body	21125			Orb repositioning, unilateral, extracranial	21267			Simple, over 30.0 cm	12007		
Augmentation; mandibular body or angle w/bone graft	21127			Orb repositioning extra/intracranial	21268			Face, ears, eyelids, nose, lips, and/or mucous membranes			
Reconst; mandibular rami w/o bone graft	21193			Malar augmentation w/prosthetic material	21270			Simple, 2.5 cm or less	12011		
Reconst; mandibular rami w/ bone graft	21194			Secondary revision, orbitocraniofacial	21275			Simple, 2.6 cm to 5.0 cm	12013		
Reconst; mandibular rami w/o internal rigid fixation	21195			Medial canthopexy	21280			Simple, 5.1 cm to 7.5 cm	12014		
Reconst; mandibular rami w/internal rigid fixation	21196			Other Facial				Simple, 7.6 cm to 12.5 cm	12015		
Reconst; mandible, extraoral, w/transosteal bone	21244			Canthopexy, lateral	21282			Simple, 12.6 cm to 20.0 cm	12016		
Reconst; mand or maxilla, subperiosteal implant	21245			Reduct masseter musc/bne, extraoral	21295			Simple, 20.1 cm to 30.0 cm	12017		
Reconst; mand or maxilla, subperiosteal implant	21246			Reduct masseter musc/bne, intraoral	21296			Simple, over 30.0 cm	12018		
Reconst; mandible condyle w/bone & cartilage	21247			Otoplasty (ear reconstruction)	69300			Scalp, axillae, trunk, and/or extremities			
Reconst; mandible or maxilla, endosteal implant	21248			NECK				Intermed, 2.5 cm or less	12031		
Reconst; mandible or maxilla, endosteal implant	21249			Cervicoplasty	15819			Intermed, 2.6 cm to 7.5 cm	12032		
Forehead Reduction				OTHER REVISIONS				Intermed, 7.6 cm to 12.5 cm	12034		
Reduction forehead; contouring only	21137			Labial Frenotomy	40806			Intermed, 12.6 cm to 20.0 cm	12035		
Reduction forehead; w/prosthesis or bone graft	21138			Destruction; lesion/scar, vestibule of	40820			Intermed, 20.1 cm to 30 cm	12036		
Reduction forehead; contour & setback ant. frontal	21139			Vestibuloplasty; complex	40845			Intermed, over 30 cm	12037		
Facial Reconstruction				Gingivectomy, each quadrant	41820			Neck, hands, feet, and/or external genitalia			
Reconst; Midface, LeFort I, 1 piece	21141			Excision; alveolar mucosa, ea quadrant	41828			Intermed, 2.5 cm or less	12041		
Reconst; Midface, LeFort I, 2 pieces	21142			Gingivoplasty; each quadrant	41872			Intermed, 2.6 cm to 7.5 cm	12042		
Reconst; Midface, LeFort I, 3 pieces	21143			Buttock Augmentation w/ implant	17999-Y5835			Intermed, 7.6 cm to 12.5 cm	12044		
Reconst; Midface, LeFort I, 1 piece w/bone grafts	21145			Buttock Augmentation w/o implant	17999-Y5836			Intermed, 12.6 cm to 20.0 cm	12045		
Reconst; Midface, LeFort I, 2 pieces w/bone grafts	21146			Calf Augmentation	17999-Y5837			Intermed, 20.1 cm to 30 cm	12046		
Reconst; Midface, LeFort I, ≥ 3 pieces w/bone grafts	21147			Umbilicoplasty	17999-Y5838			Intermed, over 30 cm	12047		
Reconst; Midface, LeFort II, anterior intrusion	21150			LIP AUGMENTATION				Face, ears, eyelids, nose, lips, and/or mucous membranes			
Reconst; Midface, LeFort II, any direction, w/bone	21151			Excision; transverse wedge w/primary	40510			Intermed, 2.5 cm or less	12051		
Reconst; Midface, LeFort III, any direction, w/bone	21154			V-Excision; w/direct linear closure	40520			Intermed, 2.6 cm to 5.0 cm	12052		
Reconst; Midface, LeFort II w/bone grafts, & LeFort I	21155			Excision; full thickness reconst w/local	40525			Intermed, 5.1 cm to 7.5 cm	12053		
LeFort III w/forehead advancement & bone graft; no	21159			Excision; full thickness reconst w/cross	40527			Intermed, 7.6 cm to 12.5 cm	12054		
LeFort III w/forehead advancement, bone graft &	21160			Resection; > one fourth, w/o	40530			Intermed, 12.6 cm to 20.0 cm	12055		
Reconst; superior lateral orbital rim & lwr forehead	21172			Repair; full thickness; vermilion only	40650			Intermed, 20.1 cm to 30 cm	12056		
Reconst; bifrontal, superior lateral orbital rim & lwr	21175			Repair; full thickness; ≤ half vertical	40652			Intermed, over 30 cm	12057		
Reconst; entire or majority forehead w/allografts	21179			Repair; full thickness; > half vertical	40654			Trunk			
Reconst; entire or majority forehead w/autografts	21180			Lip Augmentation: upper or lower	40799-Y5834			Complex, 1.1 cm to 2.5 cm	13100		
Reconst; contouring of cranial bones, extracranial	21181			HAIR REMOVAL				Complex, 2.6 cm to 7.5 cm	13101		
Reconst; orb walls, rims, forehead, w bone grft < 40	21182			Electrolysis Epilation, 30 min session	17380			Complex, ea addl 5 cm or less	13102		
Reconst; orb walls, rims, forehead, w/bone grft 41-79	21183			Laser hair removal; lip	17999-Y0020			Scalp, arms, and/or legs			
Reconst; orb walls, rims, forehead, w/bone grft > 80	21184			Laser hair removal; lip and chin	17999-Y0021			Complex, 1.1 cm to 2.5 cm	13120		
Reconst; Midface; not LeFort type	21188			Laser hair removal; back	17999-Y0022			Complex, 2.6 cm to 7.5 cm	13121		
Osteotomy				Laser hair removal; arms	17999-Y0023			Complex, ea addl 5 cm or less	13122		
Osteotomy; mandible, segmental	21198			Laser hair removal; underarms	17999-Y0024			Forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands			
Osteotomy; w/ genioglossus advancement	21199			Laser hair removal; bikini	17999-Y0025			Complex, 1.1 cm to 2.5 cm	13131		
Osteotomy; segmental (e.g., Wassmund, Schuchard)	21206			Laser hair removal; legs	17999-Y0026			Complex, 2.6 cm to 7.5 cm	13132		
Osteoplasty; facial bones; augmentation	21208			Laser hair removal; beard	17999-Y0027			Complex, ea addl 5 cm or less	13133		
Osteoplasty; facial bones; reduction	21209			Laser hair removal; ears	17999-Y0028			Eyelids, nose, ears and/or lips			
Graft				HAIR TRANSPLANT				Complex, 1.0 cm or less	13150		
Graft, bone; malar/maxilla/nasal augmentation	21210			Punch transplant, 1-15 hair grafts	15775			Complex, 1.1 cm to 2.5 cm	13151		
Graft, bone; mandible (incl graft)	21215			More than 15 punch hair grafts	15776			Complex, 2.6 cm to 7.5 cm	13152		
Graft, rib to face/chin/nose/ear	21230			Micro/mini grafts; 1-500 hairs	17999-Y5775			Complex, ea addl 5 cm or less	13153		
Graft, ear cartilage to nose or ear	21235			CORNEA REFRACTION				Wound Closure			
Arthroplasty				Keratotomy	65760			Superficial wound dehiscence; simple close	12020		
Arthroplasty, TMJ, w/ or w/o autograft	21240			Keratophakia	65765			Superficial wound dehiscence; w/packing	12021		
Arthroplasty, TMJ, w/ allograft	21242			Epikeratoplasty	65767			2nd closure surg wound, extensive	13160		
Arthroplasty, TMJ, w/prosthetic joint replacement	21243			Keratoprosthesis	65770			OTHER SUPPLIES			
				DENTAL					A9270		
				External Bleaching, per arch	D9972				A9270		
				External Bleaching, per tooth	D9973				A9270		
				Internal Bleaching, per tooth	D9974				A9270		
				Laser Whitening, per treatment	D9999				A9270		

Superbill Instructions for Providers

The following sections contain instructions for providers for completing the Superbill. A similar set of instructions, specifically designed to help MSA clerks understand the Superbill follows the provider instructions.

Superbill Header

MTF: ①		Patient Name: ⑥	
Provider's Name and Phone: ②		Visit Date: / / ⑦ Surgery Date: /	
ICD-9 Code 1: ③	ICD-9 Code 2: ④	Anesthesia: <input type="checkbox"/> Local Block	
Location: <input type="checkbox"/> Office/Minor Surgery Room ⑤	<input type="checkbox"/> Operating Room Inpatient	<input type="checkbox"/> Monitored/General Anesthesia Care	<input type="checkbox"/> Topical ⑧
	<input type="checkbox"/> Operating Room Outpatient	<input type="checkbox"/> Moderate Sedation	<input type="checkbox"/> None

1. **MTF:** Print the name of the MTF where the elective cosmetic surgery procedure will be performed.

2. **Physician's name and Telephone:** Print the full name and physician's office phone number.

3. **ICD-9-CM Code 1:** What is the diagnosis code?

For all cosmetic procedures, the first listed diagnosis must be from the V50 series "Elective surgery for purposes other than remedying health status." For example:

- V50.1 – "Other plastic surgery for unacceptable cosmetic appearance," unless a more specific code exists in this series
- V50.0 – hair transplants

4. **ICD-9-CM Code 2:** Use a second ICD-9-CM Code to indicate additional procedures.

5. **Location:** Where will this procedure be performed?

Indicate if the procedure is performed in a physician's office, an operating room as an inpatient procedure, or in an operating room as an outpatient procedure.

6. **Patient Name:** Print the patient's full name.

7. **Visit information:** Enter the visit date and surgery date. The visit date is used by the MSA clerk for post-procedure verification.

8. **Anesthesia:** Indicate the type of anesthesia in this section. Topical anesthesia and Local Blocks are included in the price of the procedure. The professional fee for anesthesiologist's services (Monitored/General Anesthesia Care) is based on the estimated anesthesia time for the surgical procedure plus anesthesia base units (for pre and post-operative care). The professional fee for Moderate Sedation is based on a flat rate of \$100.00.

Superbill Columns

The provider marks the procedures by circling or highlighting the procedure planned.

	9	10	11	12
Procedure Description		Code	Bi	Qty

- 9. Procedure Description/Description:** The information in this column describes the procedure to be performed. Contact the UBO helpdesk for a glossary of procedures.
- 10. Code:** This procedure code that comes from the Ambulatory Data Module (ADM) in the Composite Health Care System (CHCS). Unlisted codes come from CHCS as “17999” or “21899.” See the CHCS code for “Microdermabrasion,” for example.

Many cosmetic procedures do not have specific codes assigned to them. To generate pricing for these procedures, Y codes are used to price the procedure in CSE. See the code for “Microdermabrasion,” for example.

The CHCS code for Laser Treatment of Leg Veins is 17999 and the Y code for this procedure is Y0050. This procedure would be entered into CHCS as 17999–Y0050.

- 11. Bilateral:** A mark in this column indicates if the procedure can be charged as a bilateral procedure.

Shading in the Bilateral column: If the “bilateral” column is shaded in the Superbill, the procedure is normally not done on mirror images of the body and therefore should not be marked as “bilateral.” See “Laser Skin Resurfacing; total face,” for example.

No shading in the Bilateral column: If the “bilateral” column is not shaded, use this box to indicate if a procedure is being performed bilaterally. See “Laser hair removal; arms,” for example.

- 12. Quantity:** Enter in the quantity for each procedure to be performed. Quantities greater than “1” indicate multiple sessions or multiple sites. When using unlisted codes (Y codes), such as for 17999, the quantity will always be “1.” Do not fill the quantity in this column.

Selecting Specific Procedures

Injections of Fillers and Botox®

As of July 2008 Botox treatments were classified as Chemodenervation, which appears on page one of the back of the Superbill. In addition to selecting the code for the part of the body in which the Chemodenervation procedure is to take place, there are boxes to indicate whether or not a procedure is being performed by a resident. Also, in 2009, the fee for Botox, as a pharmaceutical, is to be added to the superbill with the physician entering in the estimated amount Botox (in units) to be used for each procedure. For Chemodenervation procedures you must choose both the procedure to be performed and Botox as a pharmaceutical for a proper price estimate.

CHEMODENERVATION (add Botox qty below)			
Performed by a dermatology resident? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Chemodenervation; facial	64612		
Chemodenervation; neck	64613		
Chemodenervation; extremity or trunk	64614		
Chemodenervation; both axillae	64650		
Chemodenervation; eccrine glands other areas, per day	64653		
Botox®		Price	Qty
Botulinum Toxin	J0585	\$5.41	

Administration of filling materials, such as Restalyne, are indicated with a field for quantity. In addition, the precise units of filler to be injected and the local unit price of that brand of filler is selected. If a filler other than the brands listed is used, the provider should indicate the brand name of the "Other" filler.

INJECTIONS			
Subcutaneous Injection of Filling Material (Specify filling material, qty, and price below)			
1 cc or less	11950		
1.1 - 5.0 cc	11951		
5.1 - 10.0 cc	11952		
More than 10.0 cc	11954		
Soft Tissue Fillers		Price	Qty
Radiance/Radiesse	J3490-01		
Restylane	J3490-02		
Zyderm	J3490-03		
Zyplast	J3490-04		
Artefil	J3490-05		
Cosmoplast/Cosmoderm	J3490-06		
Cymetra	J3490-07		
Evolence	J3490-08		
Dermalogen	J3490-09		
Fascian	J3490-10		
Sculptra	J3490-11		
Silicone	J3490-12		
Other	J3490		

Hair Transplants

Micro/mini grafts are priced in blocks of 500 hairs. Enter the quantity based on the blocks of 500 hairs. For example, 2,000 hairs would be entered as a quantity of “4.” A quantity of 2,050 hairs would be entered as a quantity of “5.”

HAIR TRANSPLANT			
Micro/mini grafts 1-500 hairs	17999-Y5775		

BILLERS GUIDE TO THE COSMETIC SURGERY ESTIMATOR

The Cosmetic Surgery Estimator (CSE) is a Microsoft Access-based form that should be installed on the Medical Services Account (MSA) clerk's computer. This may require submitting CSE to the MTF's Systems Administration for screening.

The MSA Clerk enters data into CSE using the Cosmetic Surgery Superbill completed by the provider/surgeon. The MSA clerk may need to work with the provider to ensure the estimate is correct.

Following is a tour of the main screens of the CSE. Detailed, illustrated instructions on how to use the software application are found in Appendix F.

Tour of CSE Main Screens

Section 3: Save, Remove, or Reset an Inquiry

View Saved Inquiry (click inquiry below)

Example_SaveInquiry

Save Inquiry

Remove Inquiry

Reset Inquiry

Cosmetic Surgery Estimator v5 - Effective July 2009

CPT codes, descriptions and other data are copyright 2007 American Medical Association. All Rights Reserved. CPT is a trademark of the American Medical Association (AMA). Procedure codes designated as 17999-XXXX were developed by TMA UBO and are not intended to serve as CPT codes. AMA disclaims any responsibility for the use of these codes.

New Inquiry: Complete the yellow boxes.

Select By:	CPT Code	or	CPT Description	CPT Glossary	Costs
1 & 2	What is the CPT code?				Professional Fee: \$0.00
3	Where will the procedure be performed?	<input type="radio"/> Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient	4	Will this procedure be combined with a medically necessary procedure?	Facility Cost: APC: \$0.00 DRG: \$0.00
5	Will a dermatology resident perform the procedure?	<input type="radio"/> Yes <input type="radio"/> No	6	Will the procedure be bilateral?	Bilateral Cost: \$0.00
7	Quantitative Procedures (Sessions):	0	8	Add-on Code:	Add-on Cost: \$0.00
9	Will anesthesia be used?	<input type="radio"/> Topical <input type="radio"/> Local Block <input type="radio"/> General/Monitored Anes Care <input type="radio"/> Moderate Sedation			Anesthesia Cost: \$0.00
10	What pharmaceuticals will be provided by the MTF?			Price: 0 Qty: 0	Pharmaceutical Cost: \$0.00
11	Will additional procedures be performed during the same visit?	<input type="radio"/> Yes <input type="radio"/> No			Additional Proc Cost: \$0.00
12	Will implants or other non-covered supplies be supplied by the MTF? Include product name and price.	<input type="radio"/> Yes <input type="radio"/> No			Implant Cost: \$0.00
VIEW/EDIT Additional Procedures VIEW/EDIT Implants/Pharmaceuticals					Total Cost:

VIEW/EDIT Additional Procedures VIEW/EDIT Implants/Pharmaceuticals

Cost Report View Report Print Report Export Report Exit Estimator

Section 1: Create an inquiry based on information provided by the physician on the Superbill

Section 2: Generate a Report

Overview of Operating the CSE

All inquiries are created, changed, and deleted from the opening screen when the Cosmetic Surgery Estimator is launched.

Cosmetic Surgery Estimator v5 - Effective July 2009

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View Saved Inquiry
(click inquiry below)

Example_SaveInquiry

Save Inquiry

Remove Inquiry

Reset Inquiry

New Inquiry: Complete the yellow boxes.

Select By:	CPT Code	or	CPT Description	CPT Glossary	Costs
1 & 2	What is the CPT code?				Professional Fee: \$0.00
3	Where will the procedure be performed?	<input type="radio"/> Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient	4	Will this procedure be combined with a medically necessary procedure?	<input type="radio"/> Yes <input type="radio"/> No Facility Cost: APC \$0.00 DRG \$0.00
5	Will a dermatology resident perform the procedure?	<input type="radio"/> Yes <input type="radio"/> No	6	Will the procedure be bilateral?	<input type="radio"/> Yes <input type="radio"/> No Bilateral Cost: \$0.00
7	Quantitative Procedures (Sessions):	0	8	Add-on Code:	Add-on Cost: \$0.00
9	Will anesthesia be used?	<input type="radio"/> Topical <input type="radio"/> Local Block <input type="radio"/> General/Monitored Anes Care <input type="radio"/> Moderate Sedation			Anesthesia Cost: \$0.00
10	What pharmaceuticals will be provided by the MTF?		Price	Qty	Pharmaceutical Cost: \$0.00
11	Will additional procedures be performed during the same visit?				<input type="radio"/> Yes <input type="radio"/> No Additional Proc Cost: \$0.00
12	Will implants or other non-covered supplies be supplied by the MTF? Include product name and price.				<input type="radio"/> Yes <input type="radio"/> No Implant Cost: \$0.00
<p>VIEW/EDIT Additional Procedures VIEW/EDIT Implants/Pharmaceuticals</p>					Total Cost: \$0.00

Cost Report

View Report

Print Report

Export Report

Exit Estimator

The user completes the yellow cells for each section by (1) typing,

(As you type, a drop-down list appears from which you can select the procedure.)

(2) selecting from a drop-down list, or

(3) clicking a radio button.

Select By:	CPT Code	or	CPT Name
1 & 2	What is the CPT/HCPCS Code?		
	11400		Excision benign skin lesion, trunk, arms or leg <5cm
	11401		Excision benign skin lesion, trunk, arms or legs 0.6-1.0cm
	11402		Excision benign skin lesion, trunk, arms or legs 1.1-2.0cm
	11403		Excision benign skin lesion, trunk, arms or leg 2.1-3.0cm
	11404		Excision benign skin lesion, trunk, arms or legs 3.1-4.0cm
	11405		Excision benign skin lesion, trunk, arms or legs >4.0cm
	11420		Excision benign skin lesion, scalp, neck, hands, feet, genital, <5cm
	11421		Excision benign skin lesion, scalp, neck, hands, feet, genital, 0.6-1.0cm
	11422		Excision benign skin lesion, scalp, neck, hands, feet, genital, 1.1-2.0cm
	11423		Excision benign skin lesion, scalp, neck, hands, feet, genital, 2.1-3.0cm

☐ Yes
☐ No

Clicking the “Yes” radio button for Section 10 elicits the pop-up screen for specifying additional procedures.

Additional / Associated Procedures

1. Add an Additional or Associated Procedure by selecting a CPT code or CPT Description from one of the drop-down boxes below.
 2. Enter a quantity for the procedure to be performed in the "Proc Qty" box.
 3. If a Chemodenervation procedure is selected, indicate whether or not a dermatology resident will be performing the procedure in the "Resident" box.
 4. Click "Bilateral" if the procedure will be performed bilaterally.
 5. If a Subcutaneous Injection procedure is selected, choose what filler substance will be used from the "Injection Filler" drop-down box, enter the price per unit in the "Filler Unit Price" box, and the number of units to be used in the "Filler Qty" box.

Select an Additional or Associated Procedure by clicking on the:

Select by CPT		or		Select by Title		Injection Filler		Filler Unit Price	Filler Qty
CPT Code	CPT Description	CPT Code	CPT Description	Facility	Proc Qty	Res	Bilat	Filler	Total Cost

Cost of Associated Procedures: **\$0.00**

Clear List Close

Clicking the “Yes” radio button for Section 11 elicits the pop-up screen for information about implants and drugs.

Implants Worksheet

Nomenclature	Quantity	Unit Cost	Total Costs
	0	\$0.00	\$0.00

Cost of Implant/Drug: **\$0.00**

Clear Close

Record: 14 of 1

Cost information is generated automatically and appears in the far right column.

Cosmetic Surgery Estimator

Index	Qty	CPT Code	CPT Description	Facility	Proc Qty	Res	Bilat	Filler	Total Cost
1	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
2	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
3	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
4	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
5	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
6	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
7	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
8	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
9	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
10	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
11	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
12	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
13	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
14	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
15	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
16	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
17	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
18	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
19	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
20	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
21	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
22	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
23	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
24	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
25	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
26	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
27	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
28	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
29	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
30	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
31	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
32	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
33	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
34	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
35	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
36	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
37	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
38	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
39	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
40	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
41	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
42	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
43	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
44	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
45	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
46	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
47	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
48	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
49	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
50	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
51	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
52	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
53	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
54	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
55	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
56	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
57	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
58	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
59	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
60	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
61	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
62	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
63	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
64	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
65	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
66	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
67	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
68	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
69	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
70	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
71	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
72	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
73	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
74	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
75	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
76	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
77	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
78	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
79	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
80	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
81	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
82	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
83	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
84	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
85	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
86	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
87	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
88	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
89	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
90	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
91	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
92	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
93	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
94	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
95	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
96	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
97	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
98	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
99	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00
100	1	10000	Subcutaneous injection of filling material 1 cc or less						\$0.00

Depending on the choices made or information entered, messages may appear. Many of these messages contain information and reminders and are not necessarily error messages. Read each one carefully.

Once an inquiry is completed, clicking View Report for the saved inquiry “Example_SaveInquiry” produces the following cost report that can be printed or exported.

Cosmetic Surgery Estimator Cost Report

CPT: 10000
 CPT Title: Subcutaneous injection of filling material 1 cc or less - Rhytid

Date: 10/25/2008 10:00 AM
 Physician: Dr. [Name]
 Facility: [Name]
 Type of medical facility: [Name]
 Bilateral Procedure: No
 Quantitative Procedures: [Name]
 Associated Procedures: [Name]
 Chem-Denervation Filler: [Name]
 Multiple Associated Procedures: Yes
 CPT: 10000
 CPT Title: Subcutaneous injection of filling material 1 cc or less - Rhytid
 Anesthesia Type: Moderate Sedation
 Implants and Other Supplies: None
 Total Costs: \$735.00

Prices are subject to change

The following instructions describe the user actions and CSE actions for each step taken to complete an inquiry. Examples of how these sections are used for particular procedures are found in Appendix F.

Box 1 & 2: Indicate procedure.

Select By:	CPT Code	or	CPT Description	CPT Glossary
1 & 2	What is the CPT code?			

Using the completed Superbill as a reference, begin by entering the primary procedure. Choose a primary procedure either by selecting a CPT Code in Box #1 or a CPT Procedure Description in Box #2 (choosing one should automatically populate the other).

11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, har
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, har
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, har
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, har
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eye

- In the case of multiple procedures performed during the same surgical visit, the primary procedure is the procedure with the highest professional fee before any discount is applied. (The procedure with the highest professional fee (the primary procedure) can be determined by selecting a procedure and location of service (Box #3) to view the Professional Fee. The entire inquiry can be then be reset or the existing CPT Code & Name can be overwritten by choosing another from the drop down menu.)
- The primary procedure is chosen first in Boxes 1 & 2 and additional procedures are entered into Box #11. Add-on codes are added in Box #8.

Box 3: Choose a location of Service: Provider's Office, OR/Outpatient, or OR/Inpatient.

- Only those locations of service that are applicable to the procedure chosen in Boxes #1 and #2 are available as options for a given estimate.

3	Where will the procedure be performed?	Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient
---	--	--

- For example, some procedures are too complex to be adequately serviced in a provider's office or outpatient setting and are designated as "inpatient only," For these procedures only one location of service option will be displayed (OR/Inpatient).
- Refer to Appendix G for a list of inpatient only procedures.

Box #4: Indicate whether or not the procedure being priced will be combined with a medically necessary procedure *during the same surgical encounter*.

- If a patient chooses to include an elective cosmetic surgery procedure with a medically necessary procedure, there is a 50% discount for facility and anesthesia charges; professional fees for the elective portion of the encounter is charged at 100%.

4	Will this procedure be combined with a medically necessary procedure?	<input type="radio"/> Yes <input type="radio"/> No
---	---	---

Box #5: Indicate whether or not the procedure will be performed by a dermatology resident.

5	Will a dermatology resident perform the procedure?	<input type="radio"/> Yes	<input type="radio"/> No
---	--	---------------------------	--------------------------

- For certain procedures, Chemodenervation: CPT Codes 64612, 64613, 64614, and 64650, a discount is provided when a dermatology resident performs the procedure.
- The discount is a reduced professional fee flat rate of \$50. This box is only operational if one of the above codes is chosen.

Box #6: Specify procedures to be performed bilaterally.

Indicate here whether or not the procedure will be performed on mirror image parts of the body.

6	Will the procedure be bilateral?	<input type="radio"/> Yes	<input type="radio"/> No
---	----------------------------------	---------------------------	--------------------------

- There is a 50% discount for the second procedure when an applicable code is chosen. Not all procedures can be performed bilaterally.
- The default selection is "No," if a user attempts to choose "Yes" for a procedure that is not classified as bilateral, an error message will be displayed and the default selection is automatically chosen.
- Refer to Appendix G for a list of bilateral procedures.

Box #7: Quantitative Procedures.

7	Quantitative Procedures (Sessions):	0
---	-------------------------------------	---

Indicate here the number of times the primary procedure (chosen in Boxes #1 & 2) will be done or the number of sessions needed to complete the procedure. [E.g., Electrolysis (CPT Code 17380) and hair grafts (CPT Code 15775) may require additional repeats of the same procedure.]

- Not all procedures are quantitative and nature, therefore this box is only operational for select procedures.
- Refer to Appendix G for a list of quantitative procedures.

Box #8: Add-On Codes

8	Add-on Code:	<input type="text"/>	<input type="text"/>	Qty
				0

Some procedures are considered secondary procedures and can only be done in conjunction with another primary procedure. These procedures are denoted as "add-on codes." Choose the appropriate add-on code and quantity where applicable.

- When a primary code with an associated add-on code is chosen in Boxes #1 or #3, a comment box will appear indicating that an add-on code exists that's associated with that specific primary code selected.
- Refer to Appendix G for a list of add-on codes.

Box #9: Indicate type

9	Will anesthesia be used?	<input type="radio"/> Topical	<input type="radio"/> General/Monitored Anes Care
		<input type="radio"/> Local Block	<input type="radio"/> Moderate Sedation

of anesthesia.

Indicate here what type of anesthesia will be used: Topical, Local Block, General/Monitored Anesthesia Care, or Moderate Sedation.

- There is no charge for topical anesthesia or local block; General/Monitored Anesthesia Care pricing varies by procedure; and Moderate Sedation is a flat rate of \$100.

Box #10: Indicate what pharmaceuticals will be used.

10	What pharmaceuticals will be provided by the MTF?		Price	Qty
			0	0

Fillers and Botox: If a Subcutaneous Injection of Filling Material or Chemodenervation procedure is chosen use Box 10 to choose either the appropriate filler or Botox® and the price per unit.

- The price for Botox is the same for all MTFs and is therefore pre-populated at \$5.41/unit.
- Fillers are local purchases and vary by location. An MSA clerk would obtain the name of the necessary item from the physician and the price from the MTF pharmacy to add to the estimate.

Box #11: Indicate additional procedures to be performed with the primary procedure.

11	Will additional procedures be performed during the same visit?	<input type="radio"/> Yes <input type="radio"/> No
-----------	---	---

If more than one elective cosmetic procedure will be performed during the same surgical visit choose "Yes."

- A new window will open where additional CPT codes and procedure options can be chosen.

Additional Procedures

1. Add an Additional Procedure by selecting a CPT code or CPT Description from one of the drop-down boxes below.
2. Enter a quantity for the procedure to be performed in the "Proc Qty" box.
3. If a Chemodenervation procedure is selected, indicate whether or not a dermatology resident will be performing the procedure in the "Derm Res?" box.
4. Click "Bilat?" if the procedure will be performed bilaterally.
5. If a Subcutaneous Injection procedure is selected, choose what filler substance will be used from the "Botox/Filler" drop-down box, enter the price per unit in the "Unit Price" box, and the number of units to be used in the "Qty" box.

Select a Additional Procedure by clicking on the:

CPT Code or CPT Description

CPT Glossary

Botox / Filler

Unit Price

Qty

Select by CPT

Select by Description

CPT Code	CPT Description	Professionals	Facility	Proc Qty	Derm Res	Bilat	Bilat	Botox / Filler	Botox / Filler	Total Cost
		\$	\$?	?	\$		\$	

Cost of Additional Procedures:

\$0.00

Clear List

Close

Records: 14

- Selecting each new CPT code creates a new line in the list below the blue boxes. The entire list can be cleared, or a single line in the list can be deleted by clicking in the box to the left of the line; a dark arrowhead appears, then the line can be deleted by pressing the Delete key on the keyboard. A total for the additional procedures will be displayed at the bottom of the secondary window.

Select a Additional Procedure by clicking on the:							CPT Glossary	Botox / Filler	Unit Price	Qty
15824 Rhytidectomy; forehead (Brow Lift)									N/A	
CPT Code	CPT Description	Professional \$	Facility \$	Proc Qty	Derm Res ?	Bilat ?	Bilat \$	Botox / Filler	Botox / Filler \$	Total Cost
15822	Blepharoplasty, upper eyelid:	\$165.00	\$695.00	0	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	N/A	\$0.00	\$860.00
15824	Rhytidectomy; forehead (Brow Lift)	\$215.00	\$695.00	0	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	N/A	\$0.00	\$910.00

Cost of Additional Procedures: \$0.00

Clear List Close

Record: 14 < > >>

- Click "Close" at the bottom of the page to complete entry of additional procedures.
- The total for the additional procedures will be displayed on the main screen in the cost column under "Additional Proc Costs."

Box #12: Indicate MTF-supplied implants or non-covered supplies to be used.

12 Will implants or other non-covered supplies be supplied by the MTF? Include product name and price. ☐ Yes ☐ No

If implants or other non-covered supplies will be supplied by the MTF for the selected procedure(s) choose "Yes."

- A new window will open where additional CPT codes and procedure options can be chosen.
- Type in the name of the product and the price.
 - An MSA clerk would obtain the name of the necessary item from the physician and the price from the MTF pharmacy to add to the estimate.
- A total for the additional procedures will be displayed at the bottom of the secondary window.
- Click "Close" at the bottom of the page to complete entry of additional procedures.
- The total for the additional procedures will be displayed on the main screen in the cost column under "Implant Cost."

Implants Worksheet

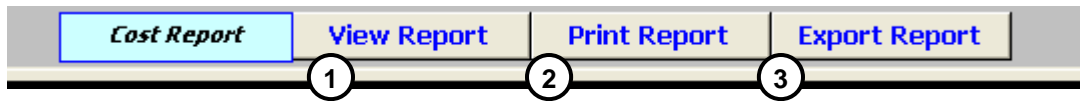
Nomenclature	Quantity	Unit Cost	Totals Costs
	0	\$0.00	\$0.00

Cost of Implant/Drug: \$0.00

Clear Close

Record: 1 of 1

Once all the sections have been completed, the Cost Report can be (1) viewed, (2) printed, or (3) exported to another program from the main screen.



Detailed descriptions of certain procedures are described in Appendix F.

Appendix A: DoD Health Affairs Policy 05-020 – Policy for Cosmetic Surgery Procedures in the Military Health System



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

OCT 25 2005

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT: Policy for Cosmetic Surgery Procedures in the Military Health System

The Cosmetic Surgery Policy implemented in the Military Health System (MHS) in 1992 permitted limited numbers of cosmetic surgery cases, while emphasizing that cosmetic surgery was not a covered benefit under TRICARE. The policy outlined cosmetic surgery procedures permitted in support of graduate medical education training, board eligibility and certification, and skill maintenance for certified specialists in plastic surgery, ears, nose and throat, ophthalmology, dermatology, and oral surgeries. This also includes the circumstances under which such procedures were to be done. Since 1992, the MHS has undergone considerable changes including the elimination of plastic surgery residencies in the Department of Defense (DoD). The attached policy supersedes the 1992 memorandum and provides updated guidance (Attached) for the provision of cosmetic surgery procedures in the MHS.

As in 1992, cosmetic surgery procedures are not a covered benefit under TRICARE. The Services have requirements for surgeons capable of performing reconstructive surgery and have manpower authorizations for plastic surgery and other surgical specialties that perform reconstructive plastic surgery. It is critical the MHS be able to recruit and retain these uniformed specialists to assure our men and women will receive the highest quality care. Since the skills used in performing cosmetic surgery procedures are often the same skills required to obtain optimal results in reconstructive surgery, these surgeons have a valid need to perform cosmetic surgery cases to maintain their specialty surgical skills. Additionally, performance of cosmetic surgery procedures in the direct care system is warranted because specialists in plastic surgery, otorhinolaryngology, ophthalmology, dermatology, and oral surgery must meet board certification, recertification, and graduate medical education program requirements for specialties requiring training in cosmetic surgery.

Since accomplishment of our wartime mission demands specialists skilled in reconstructive plastic surgery, limited volumes of cosmetic surgery procedures are authorized in the direct care system, provided there is adherence to the attached guidelines.

HA POLICY: 05-020

Please provide this office with a copy of your implementing guidance within 90 days of the date of this policy memorandum. My points of contact are Dr. Benedict Diniega at (703) 681-1703, Benedict.Diniega@ha.osd.mil; and Captain Patricia Buss at (703) 681-0064, Patricia.Buss@tma.osd.mil.


William Winkenwerder, Jr., MD

Attachments:
As stated

cc:
General Counsel, DoD
Deputy Director, TMA
Surgeon General, US Army
Surgeon General, US Navy
Surgeon General, US Air Force
Joint Staff Surgeon
Medical Officer, Marine Corps
Director of Health and Safety, US Coast Guard

HA POLICY: 05-020

Policy for Cosmetic Surgery Procedures in the Military Health System

a. For purposes of this policy, cosmetic surgery terms are defined as follows:

1) Cosmetic surgery – “Any elective plastic surgery performed to reshape normal structures of the body in order to improve the patient’s appearance or self-esteem.”¹”

2) Reconstructive surgery – “Any plastic surgery performed on abnormal structures of the body which are caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Reconstructive surgery is generally performed to improve function, but may also be done to approximate a normal appearance.”¹”

b. Only privileged staff and residents in the specialties of plastic surgery, otorhinolaryngology, ophthalmology, dermatology, and oral-maxillofacial surgery may perform cosmetic surgery procedures. This restriction excludes the excision or destruction of minor benign dermatologic lesions, which may be performed by qualified and privileged providers in any specialty. Civil service providers in these specialties may perform cosmetic surgery procedures only if they are employed full-time by the medical treatment facility (MTF) with no other opportunity to maintain their skills in cosmetic surgery. Waivers to the previous restrictions can only be granted by the respective Service Surgeon General. Providers contracted to perform medically necessary surgery are NOT to perform cosmetic surgery procedures.

c. Cosmetic surgery procedures may be performed on a “space-available” basis only, and cosmetic surgery procedures may not exceed 20 percent of any privileged provider’s case load.

d. Cosmetic surgery procedures will be restricted to TRICARE-eligible beneficiaries, including TRICARE for Life, who will not lose TRICARE eligibility for at least six months. Active duty personnel undergoing cosmetic surgery procedures must have written permission from their unit commander.

e. All patients, including active duty personnel, undergoing cosmetic surgery procedures must pay the surgical fee, plus any applicable institutional and anesthesia fee, for the procedures in accordance with the fee schedule published annually by the Office of the Secretary of Defense Comptroller. Additionally, the patient must reimburse the MTF for any cosmetic implants.

¹ American Society of Plastic Surgeons,
http://www.plasticsurgery.org/public_education/procedures/index.cfm

f. There will be no discrimination in patient selection based on rank of the patient or the rank of the sponsor.

g. Cosmetic surgery cases shall not be performed if they would cause other medically necessary and/or reconstructive surgery cases to be cancelled, rescheduled, or sent to the managed care contractor support network.

h. Patients who undergo cosmetic surgery procedures in the MTF must be permitted to obtain necessary post-operative care within the MTF unless the care required exceeds MTF capabilities. All cosmetic surgery patients must be informed prior to surgery that the availability of long-term follow-up, including revision surgery, is not guaranteed in the direct care system and that complications of cosmetic surgery procedures are excluded from coverage under TRICARE in accordance with the TRICARE Policy Manual (August 2002 edition, Chapter 4, Section 1.1). The patient must acknowledge this disclosure and a copy of the signed acknowledgement must be filed in the patient's medical record.

i. As with all coding in the MHS, all inpatient, outpatient and ambulatory plastic surgery procedures will be coded in accordance with applicable national and Department of Defense (DoD) coding standards, including current versions of appropriate International Classification of Diseases (ICD-9-CM) and Current Procedural Terminology codes.

1) The V-codes found in the DoD Coding Guidance will be used to identify cosmetic surgery procedures. At present, the appropriate ICD-9-CM codes are in the V50 series: "Elective surgery for purposes other than remedying health status." Code V50.1, "Other plastic surgery for unacceptable cosmetic appearance," is the proper code unless a more specific code exists in this series. Code V51, "Aftercare involving the use of plastic surgery (excludes cosmetic plastic surgery)" may be used to indicate that a procedure is not cosmetic plastic surgery but is aftercare associated with an injury or operation. It should be noted that the use of the V51 code is not appropriate for medical conditions that are not associated with an injury or operation.

2) Procedural coding associated with any reconstructive surgery must be accompanied by applicable diagnosis codes that reflect the defect, developmental abnormality, trauma, infection, tumor, or disease impacting the need for reconstructive surgery. Additionally, the medical record must clearly indicate the medical necessity for the reconstructive surgery. Likewise for cosmetic surgery cases, the medical record must clearly reflect the rationale for the procedure being performed.

j. The Surgeons General and MTF commanders are responsible for ensuring this policy is implemented and for regular monitoring and evaluation of this policy. The Services have primary responsibility for accountability audits of MTFs within their Service for

adherence to this policy, including audits of collection for cosmetic surgery procedures fees.

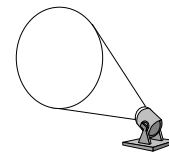
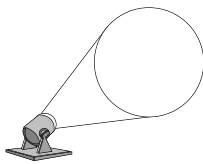
k. TMA will conduct periodic DoD-wide accountability audits of MTFs performing cosmetic surgery procedures for adherence to this policy, including audits of collection for cosmetic surgery procedures fees. The audit will minimally consist of data calls to the Services and review and analysis of centrally available data via the M2-bridge. The first TMA audit will be conducted 12 months after implementation of this policy.

Appendix B: “Spotlight” on Cosmetic Surgery Policy

The following article appeared in the March 2008 issue of “In the TMA Program Integrity Spotlight.”

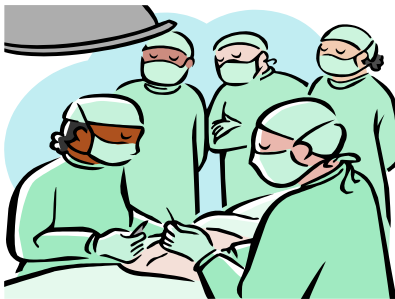
“IN THE TMA PROGRAM INTEGRITY SPOTLIGHT” FOR THE MONTH OF MARCH 2008

This Month the Spotlight Shines on TRICARE’s Policy
on Cosmetic Procedures.



By

Joe O’Brien, Jr., TMA PI Health Care Fraud Specialist



Plastic surgery is a medical specialty that uses a number of surgical and nonsurgical techniques to change the appearance and function of a person’s body. Cosmetic surgery is a very popular form of plastic surgery. As an example, the American Society of Plastic Surgeons reported that in 2006 nearly 11 million cosmetic plastic surgeries were performed in the United States alone.

It is thus important to distinguish the terms “plastic surgery” and “cosmetic surgery.” Plastic Surgery is recognized by the American Board of Medical Specialties as the subspecialty dedicated to the **surgical repair of defects of form or function** -- this includes cosmetic (or aesthetic) surgery, as well as reconstructive surgery. The term “cosmetic surgery” however, refers to surgery that is **designed to improve cosmetics, or appearance**.

TRICARE Policy Manual, Chapter 4, Section 2.1, defines cosmetic/reconstructive and plastic surgery as surgery which can be expected primarily to improve the physical appearance of a beneficiary, and/or which is performed primarily for psychological purposes, and/or which restores form, but does not correct or materially improve a bodily function.

The Policy Manual goes on to state that any procedure performed for personal reasons, to improve the appearance of an obvious feature or part of the body which would be considered by an average observer to be normal and acceptable for the patient's age and/or ethnic and/or racial background as "excluded."

Additionally, when it is determined that a cosmetic, reconstructive and/or plastic surgery procedure does not qualify for benefits, all related services and supplies are excluded, including any institutional costs.

One of the biggest keys to identifying "cosmetic" surgeries is a review of the actual medical documentation. Examples of the types of procedures/areas to look for when attempting to identify "cosmetic" surgery masked as medically necessary surgery are:

- Beneficiaries who have been diagnosed with leg varicosity w/inflammation (ICD9 454.0 and 454.1) and then treated with injections of sclerosing solution (CPT 36470 and 36471). An audit of medical records will often determine that the procedure was not medically necessary and that the provider was performing a "cosmetic" procedure on the beneficiary with the intent to reduce "spider veins" solely for appearance purposes.
- A situation where it appears the patient has received a medically needed procedure to correct a "deviated septum" causing sinus or breathing problems, which has actually been misrepresented. Typically there is no historical medical documentation that the deviated septum existed before the surgery; the true purpose of the surgery on the nose was probably for "cosmetic" purposes.
- A blepharoplasty – basically this is performed when the eyelid has such a significant droop as to impair vision (which is a functional impairment). However, many times a blepharoplasty is performed as part of a face lift procedure that is not medically necessary. A claim is then submitted for a covered- blepharoplasty procedure.
- Panniculectomies primarily performed for body sculpture procedures/reasons of cosmetics. A panniculectomy may also be performed with another abdominal surgery, such as hysterectomy. And while the hysterectomy may be medically necessary, the panniculectomy may not. TRICARE has very specific guidelines for when this procedure is considered medically necessary.
- Tummy tuck procedures billed as hernia repairs.

Happy data mining for those cosmetic nips and tucks!

Appendix C: Medical and Dental Reimbursement Rates and Pharmacy Rates

The following documents promulgate the Medical and Dental Reimbursement Rates and Pharmacy Rates for Calendar Year 2009.



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

JUN 25 2009

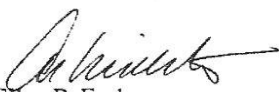
MEMORANDUM FOR UNDER SECRETARY OF DEFENSE (COMPTROLLER)

SUBJECT: Medical, Dental, and Cosmetic Surgery Reimbursement Rates

The attached document contains the updated Calendar Year (CY) 2009 Department of Defense (DoD) Medical, Dental, and Cosmetic Surgery Reimbursement Rates. The rates are to be used by military treatment facilities, effective July 1, 2009, until superseded. The CY 2008 rates will be superseded by these CY 2009 rates.

The TRICARE Management Activity (TMA) requests this package be posted to DoD Comptroller's Web site: <http://www.defenselink.mil/comptroller/rates/fy2009.html>.

My point of contact for this action is Mr. Thomas Sadauskas, TMA Uniform Business Office, who may be reached at (703) 681-5827 or Thomas.Sadauskas@tma.osd.mil.


Ellen P. Embrey
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Attachment:
As stated

**Department of Defense Uniform Business Office
Medical and Dental Reimbursement Rates and
Cosmetic Surgery Rates
Calendar Year (CY) 2009**

1. Introduction

1.1. In accordance with Title 10, United States Code, section 1095, the Department of Defense (DoD) Uniform Business Office (UBO) developed the Calendar Year (CY) 2009 medical, dental, and cosmetic surgery reimbursement rates. These are charges for professional and institutional healthcare services provided in Military Treatment Facilities (MTFs) operated as part of the Defense Health Program (DHP). These rates are used to submit claims for reimbursement of the costs of the healthcare services provided by MTFs in accordance with the various MTF Cost Recovery Programs: Medical Services Account (MSA), Third Party Collections Program (TPCP) and Medical Affirmative Claims (MAC).

1.1.1. The Fiscal Year (FY) 2009 inpatient rates released October 1, 2008, remain in effect until further notice.

1.2. The CY 2009 outpatient medical and dental rates and CY 2009 cosmetic surgery rates are effective for healthcare services provided on or after July 1, 2009.

1.3. This CY 2009 Outpatient Medical and Dental Services Reimbursement Rate Package contains the following rates:

Section 3.2.1:	Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Maximum Allowable Charge (CMAC) Rate Tables (modified for UBO use)
Section 3.3:	Dental Rates
Section 3.4:	Immunization/Injectables Rates
Section 3.5:	Anesthesia Rate
Section 3.6:	Durable Medical Equipment/Durable Medical Supplies (DME/DMS) Rates
Section 3.7:	Transportation Rates
Section 3.8:	Other Rates
Section 4.0:	Cosmetic Surgery Rates
Appendix A:	Elective Cosmetic Surgery Procedures

1.4. Due to size, the sections containing the CHAMPUS CMAC and dental rates modified for UBO use are not included in this package. These rates are available from the TRICARE Management Activity (TMA) UBO Web site: http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm.

2. Government Billing Calculation Factors

2.1. Full Outpatient Rate (FOR) and Full Inpatient Reimbursement Rate (FRR). The FOR and FRR, when appropriate, are used for claims submission to third party payers and to all other applicable payers not included within International Military Education and Training (IMET) and Interagency/Other Federal Agency Sponsored Rate (IOR) billing guidance. FOR and FRR discounts for IMET and IOR are calculated based on an analysis of FY 2008 expense and workload data from all DoD MTFs that offered outpatient and inpatient services. The data analysis included processing to identify and eliminate poor quality data. It also included adjustments of the FY 2008 data to account for FY 2009 military and civilian pay raises, an asset use charge, distribution of expenses between payroll and non-payroll expense categories, and a DoD inflation adjustment. Discount rates for IMET and IOR are calculated by removing from the FOR and FRR those types of expenses which are specifically excluded from consideration in IMET and Interagency billing. The rates included in section 3 represent the FOR (unless otherwise specified). IOR rates exclude the "Miscellaneous Receipts" (asset use charge percentage for military pay,

civilian pay and other) portion of the FOR/FRR price computation. IMET rates exclude both the "Miscellaneous Receipts" portion and the "Military Personnel" portion of the FOR/FRR price computation.

2.2. Discount. A government billing calculation factor (percentage discount) is applied to the FOR when billing for services as described below.

2.2.1. International Military Education and Training (IMET) rate:

IMET discount applied to healthcare services unless listed separately below: 63.17% of the FOR

Ambulance: 63.14% of the FOR

Anesthesia: 61.79% of the FOR

Dental: 50.00% of the FOR

Immunization: 62.96% of the FOR

Aeromedical Evacuation – Ambulatory: 63.00% of the FOR

Aeromedical Evacuation – Litter: 53.94% of the Inpatient FRR

2.2.2. Interagency/Other Federal Agency Sponsored Rate (IOR):

IOR discount applied to healthcare services unless listed separately below: 94.31% of the FOR

Ambulance: 94.07% of the FOR

Anesthesia: 94.23% of the FOR

Dental: 95.00% of the FOR

Immunization: 94.44% of the FOR

Aeromedical Evacuation – Ambulatory: 94.00% of the FOR

Aeromedical Evacuation – Litter: 94.83% of the Inpatient FRR

3. Outpatient Medical and Dental Services Rates/Charges

3.1. Terminology

3.1.1. Ambulatory Procedure Visit (APV). An APV is defined in DoD Instruction 6025.8, Ambulatory Procedure Visit (APV), September 23, 1996, as a procedure or surgical intervention that requires pre-procedure care, a procedure to be performed, and immediate post-procedure care as directed by a qualified health care provider. Minor procedures that are performed in an outpatient clinic setting that do not require post-procedure care by a medical professional are not be considered APVs. The nature of the procedure and the medical status of the patient combine for a requirement for short-term care, but not inpatient care. These procedures are appropriate for all types of patients (obstetrical, surgical and non surgical) who by virtue of the procedure or anesthesia require post-procedure care and/or monitoring by medical personnel.

3.1.2 Ambulatory Procedure Unit (APU). An APU is a location or organization within an MTF (or freestanding outpatient clinic) that is specially equipped, staffed, and designated for the purpose of providing the intensive level of care associated with APVs.

3.1.3. Emergency Department Services. MTF ambulatory services furnished in the Emergency Department are strictly institutional charges.

3.1.4. Observation Services. MTF ambulatory services furnished in Observation (OBS) Units are strictly institutional charges.

3.1.5. Outpatient Services. Services rendered in a location other than the observation unit, the Emergency Department, or APU.

3.2. CMAC Rates

3.2.1. Professional Component

3.2.1.1. The CHAMPUS Maximum Allowable Charge (CMAC) reimbursement rates, established under Title 32, Section 199.14(h) of the Code of Federal Regulations, are used to determine the appropriate charge for the professional and technical components of services based on the Healthcare Common Procedure Coding System (HCPCS) methodology, which includes the Current Procedural Terminology (CPT) codes. CMAC rates pertain to outpatient services (e.g., office and clinic visits), and ancillary services (e.g., laboratory and radiology). UBO CMAC rates differ from standard TMA CMAC rates in that UBO CMAC rates include charges for additional services not reimbursed by TRICARE.

3.2.1.2. UBO CMAC rates are calculated for 91 distinct “localities.” These localities recognize differences in local costs to provide healthcare services in the many different geographic regions in which MTFs are located. Each MTF Defense Military Information System Identification (DMIS ID) is mapped to its corresponding CMAC locality code to obtain the correct rates. For all military treatment facilities located Outside the Continental United States and Hawaii (OCONUS), CMAC locality (391) is used. The complete DMIS ID-to-CMAC Locality table is available at:

http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm.

3.2.1.3. For each CMAC locality, the UBO creates two sub-tables of rates: CMAC and Component. The CMAC rate table specifies the rates to use as payment for professional services and procedures identified by CPT and HCPCS codes, which cannot be separately provided as component services. The CMAC table is further categorized by provider class. The Component rate table specifies the rates to use for CPT codes, which can be provided as distinct professional and technical components, or as a combined professional and technical service. A separate rate is provided for each component, further categorized by provider class.

3.2.1.4. CMAC Provider Class. The UBO CMAC rates are computed based on the four provider classes: 1) Physicians, 2) Psychologists, 3) Other Mental Health Providers, and

4) Other Medical Providers. UBO CMAC-based rates described in section 3.2.1.1. are available at: http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm.

3.2.2. Institutional Component

3.2.2.1. Emergency Department (ED). TRICARE Ambulatory Payment Classification (APC) rates for ED Evaluation & Management services are used to determine the DoD ED institutional charges. For CPT codes 99281-99285 only the institutional component is billed.

NOTE: Ambulance transport to the ED and from the ED to another location is not part of the ED institutional rate and is billed separately.

3.2.2.2. Observation (OBS). The CPT codes used for Observation services include: 99218-99220. The rates for these Observation services are derived using Medical Expense and Performance Reporting System (MEPRS) cost data to determine the hourly OBS rate. The hourly OBS rate is then multiplied by the average FY 2008 OBS patient stay of 7.07 hours. Only the institutional charge is billed.

3.2.2.3. Ambulatory Procedure Visit (APV) Rate. There is an institutional flat rate for all APV procedures/services. The flat rate is based on the institutional cost of all MTF APVs divided by the total number of APVs and is associated with the 99199 procedure code. The flat rate is \$1,783.35.

3.3. Dental Rates

3.3.1. MTF dental charges are based on a dental flat rate multiplied by a DoD-established relative weight for each of the American Dental Association (ADA) Current Dental Terminology (CDT) codes representing the dental services/procedures performed. The dental flat rate is based on the average DoD cost of dental services at all dental treatment facilities. Table 3.3.1. illustrates the dental rate for IMET, IOR and FOR/Third Party.

Table 3.3.1.

CDT	Clinical Service	IMET	IOR	FOR (Third Party)
	Dental Services	\$51.00	\$97.00	\$102.00
	CDT code weight multiplier			

Example: For CDT code D0270, bitewing single film, the DoD relative weight is 0.24. The relative weight of 0.24 is multiplied by the appropriate rate, IMET, IOR, or FOR/Third Party rate to obtain the charge. If the FOR/Third Party rate is used, then the charge for this CDT code will be \$102.00 x 0.24, which is \$24.48.

The list of CY 2009 CDT codes and relative weights for dental services are too large to include in this document. This table may be found on TMA's UBO Web site at:
http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm.

3.4. Immunization/Injectables Rates

3.4.1. A separate charge is made for each immunization, injection or medication administered. The charge for immunizations, allergen extracts, allergic condition tests, and the administration of certain medications, which may be provided in a separate immunization or "shot" clinic, are described below.

3.4.1.1. Immunization rates are based on CMAC rates whenever CMAC rates are available.

3.4.1.2. If there is no CMAC rate, Purchased Care Data is used. Purchased Care Data is derived by using the MHS Management Analysis and Reporting Tool or M2 system. It is a powerful ad hoc query tool for detailed trend analysis such as patient and provider profiling including summary and detailed views of population, clinical, and financial data from all Military Health System regions worldwide and Direct and Purchased Care Data. Data pulled from previous and current fiscal year (FY) (to date) allows calculation of "Average Amount Allowed" for use.

3.4.1.3. If there is no CMAC rate or Purchased Care Data available, then the National Average Payment (NAP) is used. The NAP represents commercial and/or Medicare national average payment for services, supplies, drugs, and non-physician procedures reported using Healthcare Common Procedure Coding

System (HCPCS) Level II codes.

3.4.1.4. If there is no CMAC rate, Purchased Care Data available, or NAP rate, a flat rate of \$54.00, calculated using MEPRS data, is billed. The flat rate is based on the average full cost of these services, exclusive of any costs considered for purposes of any outpatient visit.

3.5. Anesthesia Rate. The flat rate for anesthesia professional services is based on an average DoD cost of service in all MTFs. The flat rate for anesthesia is \$1,162.00.

3.6. Durable Medical Equipment/Durable Medical Supplies Rates. Durable Medical Equipment (DME) and Durable Medical Supplies (DMS) rates are based on the Medicare Fee Schedule floor rate. The HCPCS codes for which rates are provided include: A4206-A9999, E0100-E8002, K0001-K0899, L0112-L9900, and V2020-V5364. This rate table may be found on the TMA UBO website at:

http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm.

3.7. Transportation Rates

3.7.1. Ground Ambulance Rate. Ambulance charges are based on hours of service, in 15-minute increments. The rates for IMET, IOR and Other (Full/Third Party) listed in the Table 3.7.1. are for 60 minutes (1 hour) of service. MTFs shall calculate the charges based on the number of hours (and/or fractions of an hour) that the ambulance is logged out on a patient run. Fractions of an hour are rounded to the next 15-minute increment (e.g., 31 minutes is charged as 45 minutes).

Table 3.7.1.

CDT/CPT	Clinical Service	IMET	IOR	FOR (Third Party)
A0999	Ambulance	\$149.00	\$222.00	\$236.00

3.7.2. Aeromedical Evacuation Rate

Air in-flight medical care reimbursement charges are determined by the status of the patient (ambulatory or litter) and are per patient per trip during a 24-hour period. A trip encompasses the time from patient pickup to drop off at the appropriate facility. For example, transportation from Base A to Base B, which consists of three legs, is charged as a single trip within a 24-hour period. The appropriate charges are billed only by the Global Patient Movement Requirements Center (GPMRC). These charges are only for the cost of providing medical care, a separate charge for transportation may be generated by GPMRC. For CY 2009, the in-flight medical care reimbursement rates are calculated based on the FOR (ambulatory patients) and FRR (litter patients). The ambulatory and litter rates were adjusted to compensate for inflation since CY2002. The CY2009 in-flight rates for IMET, IOR and FOR/FRR (Third Party) are listed below in Table 3.7.2.

Table 3.7.2.

Clinical Service	IMET	IOR	FOR/FRR (Third Party)
Aeromedical Evac Services – Ambulatory	\$422.00	\$630.00	\$668.00
Aeromedical Evac Services – Litter	\$1,234.00	\$1,882.00	\$1,998.00

3.8. Other Rates

3.8.1. **Subsistence Rate.** The Standard Rate that is established by the Office of the Under Secretary of Defense (Comptroller) is used as the subsistence rate. The Standard Rate is available from the DoD Comptrollers Web site, Tab G: <http://www.dod.mil/comptroller/rates/>. The effective date for this rate is prescribed by the comptroller.

NOTE:

Subsistence charges are billed under the MSA Program only. Please refer to DoD 6010.15-M, Military Treatment Facility UBO Manual, November 2006, and the DoD 7000.14-R, "Department of Defense Financial Management Regulation," Volume 12, Chapter 19, for guidance on the use of this rate.

The subsistence rate is different from the Family Member Rate (FMR), which is addressed in each Fiscal Year (FY) ASA Inpatient policy letter.

3.8.2. OCONUS Prepaid Elective Pregnancy Termination Rate.

3.8.2.1. The Department of Defense Appropriations Act for FY 1996 and the Department of Defense Authorization Act for FY 1996 revised the DoD policy concerning provision of prepaid elective pregnancy termination in overseas MTFs such that the authority of those MTFs to provide prepaid elective pregnancy termination is limited to cases in which the pregnancy is the result of an act of rape or incest.

3.8.2.2. When an overseas MTF provides prepaid elective pregnancy termination services under the limited authority identified above, the rate charged is the FRR for services performed for an inpatient. If the services are provided as an APV, the prepaid charge is calculated using an estimate of the Professional Component rate described in paragraph 3.2, plus the APV Institutional rate identified in paragraph 3.2.2.3, plus the anesthesia rate (if anesthesia is required) identified in paragraph 3.5 above. If the services are provided on an outpatient basis, the prepaid rate is calculated using CMAC locality 391 rates plus the charge for any associated pharmaceuticals.

4. Elective Cosmetic Surgery Rates

4.1. **Availability of Elective Cosmetic Surgery.** Elective cosmetic surgery procedures provided in MTFs are restricted to TRICARE-eligible beneficiaries, including TRICARE for Life, on a "space-available" basis. Active duty personnel undergoing cosmetic surgery procedures must have written permission from their unit commander. For more information on the availability of elective cosmetic surgery, please refer to HA 05-020: Policy for Cosmetic Procedures in the Military Health System. The policy can be downloaded from <http://www.tricare.mil/ocfo/docs/05-0201.pdf>.

4.2. List of Procedures. The procedures listed in Appendix A are those procedures identified as elective cosmetic surgery procedures when performed without documentation of medical necessity.

4.2.1. Laser Vision Correction. Neither Photorefractive Keratectomy (PRK) nor Laser In-Situ Keratomileusis (LASIK) procedures are approved as part of the healthcare benefit under TRICARE. For information on these procedures, please refer to Health Affairs policy on Vision Correction via Laser Surgery for Non-Active Duty Beneficiaries. The policy can be downloaded from:
<http://www.health.mil/Content/docs/pdfs/policies/2000/00-003.pdf>.

4.3. Patient Payment. Elective cosmetic surgery is not a TRICARE covered benefit. Patients receiving cosmetic procedures (e.g., active duty personnel, retirees, family members, and survivors) are fully responsible for charges for all services (including implants, cosmetic injectables, and other separately billable items) associated with the elective surgical procedure. Separately billable items are billed at the FOR. Even if the patient has valid other health insurance (OHI), the patient is still responsible for paying the entire cost associated with cosmetic procedures (e.g., institutional, professional, anesthesia, and implant fees). However, the patient may separately file a claim with his or her insurance company.

4.4. Professional Charges for Elective Cosmetic Surgery

4.4.1. When a CMAC rate has been established for a given procedure, cosmetic rates for the professional charges are based on the CY 2009 CMAC national average. Rates are not based on the treating MTF's geographical location.

4.4.2. The CMAC CY 2009 "facility physician" category is used for the professional component for services furnished by the provider in a hospital operating room or APU.

4.4.3. The CMAC CY 2009 "non facility physician" category is used for the professional component for services furnished in the provider's office.

4.5. Institutional Rates for Elective Cosmetic Surgery

4.5.1. Elective cosmetic surgery fees are based on the procedure performed and the location of the service provided (i.e., provider's office/minor surgery room, hospital operating room (or APU) outpatient service, operating room inpatient stay).

4.5.1.1 For elective cosmetic surgery conducted in a provider's office the institutional fee is included in the "non facility physician" professional category per paragraph 4.3.3.

4.5.1.2. The institutional fee for cosmetic surgery for outpatients using a hospital operating room or APU is based on Ambulatory Payment Classification (APC) rate associated with the principal procedure, and 50% of the APC rate for each additional procedure.

4.5.1.3. Institutional prices are rounded to the nearest \$10.00.

4.5.1.4. Most ancillary services (e.g., laboratory, radiology, and routine pre-operative testing) are included in the pricing methodology. Ancillary services and supplies not included are billed at FOR.

4.6. Anesthesia Rate for Elective Cosmetic Surgery. The anesthesia professional rate is the median TRICARE Physician Conversion Factor (\$20.88), multiplied by sum of the number of base units and the number of time units (measured in 15 minute increments) for each service, and rounded to the nearest \$10.00.

4.7. Inpatient Rate for Elective Cosmetic Surgery

4.7.1. Inpatient charges. The inpatient rate is the 2009 TRICARE Adjusted Standardized Amount (ASA) (\$4,696.60) multiplied by the relative weighted product (RWP) associated with the Diagnostic Related Group (DRG) for each cosmetic procedure plus the applicable professional and anesthesia fees associated with the procedure as described above.

APPENDIX A: ELECTIVE COSMETIC SURGERY PROCEDURES

CPT CODE	CPT DESCRIPTION
BLEPHAROPLASTY, BLEPHAROPTOSIS, CANTHOPLASTY	
15820	Blepharoplasty, lower eyelid;
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid;
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67950	Canthoplasty (reconstruction of canthus)
BREAST/CHEST AUGMENTATION	
19300	Mastectomy for Gynecomastia
19316	Mastopexy (Breast Lift)
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
21899	Pectoral Augmentation; male chest, with implant
19350-E	Nipple enlargement
19350-R	Nipple reduction
CHEMODENERVATION	
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm)
64613	Chemodenervation of muscle(s); neck muscle(s) (e.g., for spasmodic torticollis, spasmodic dysphonia)
64614	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (e.g., for dystonia, cerebral palsy, multiple sclerosis)
64650*	Chemodenervation of eccrine glands; both axillae
64653*	Chemodenervation of eccrine glands; other area(s) (e.g., scalp, face, neck), per day
EYE SURGERY (CORNEA REFRACTION)	
65760*	Keratotomy
65765*	Keratophakia
65767*	Epikeratoplasty

65770* Keratoprosthesis

EXCISION OF EXCESSIVE SKIN

- 15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
- 15832 Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh lift
- 15833* Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg lift
- 15834 Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip lift
- 15835 Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock lift
- 15836 Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm lift—brachioplasty
- 15837* Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
- 15838 Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
- 15839* Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
- 15847 Excision, excessive skin & subcutaneous tissue (includes lipectomy), abdomen (includes umbilical transposition & fascial plication); Panniculectomy with Abdominoplasty
- 17999-Y5831 Abdominoplasty

FACIAL RECONSTRUCTION

- 21120 Genioplasty; augmentation (autograft, allograft, prosthetic material)
- 21121 Genioplasty; sliding osteotomy, single piece
- 21122* Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
- 21123* Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
- 21125 Augmentation, mandibular body or angle; prosthetic material
- 21127 Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
- 21137* Reduction forehead; contouring only
- 21138* Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
- 21139* Reduction forehead; contouring and setback of anterior frontal sinus wall
- 21141 Reconstruction midface, lefort i; single piece, segment movement in any direction (e.g., for long face syndrome), without bone graft
- 21142* Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, without bone graft
- 21143* Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, without bone graft
- 21145* Reconstruction midface, lefort i; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
- 21146* Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral

	alveolar cleft)
21147*	Reconstruction midface, lefort i; 3/more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft/multiple osteotomies)
21150*	Reconstruction midface, lefort ii; anterior intrusion (e.g., treacher-collins syndrome)
21151*	Reconstruction midface, lefort ii; any direction, requiring bone grafts (includes obtaining autografts)
21154*	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); without lefort i
21155*	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); with lefort i
21159*	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without lefort i
21160*	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with lefort i
21172*	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175*	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), w w/o grafts (inc obtaining autografts)
21179*	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180*	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181*	Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial
21182*	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra- & extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting < 40 sq cm
21183*	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex foll intra- & extracranial excision, benign tumor, cranial bone, w multi autografts; total area, bone graft > 40 sq cm but < 80 sq cm
21184*	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra- & extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting > 80 sq cm
21188*	Reconstruction midface, osteotomies (other than lefort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation

21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental;
21199	Osteotomy, mandible, segmental; with genioglossus advancement
21206	Osteotomy, maxilla, segmental (e.g., wassmund or schuchard)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; malar/maxilla/nasal augmentation
21215*	Graft, bone; mandible (includes obtaining graft)
21230*	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235*	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240*	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242*	Arthroplasty, temporomandibular joint, with allograft
21243*	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244*	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
21245*	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246*	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247*	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
21248*	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
21249*	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
21255*	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256*	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)
21260*	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261*	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263*	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267*	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268*	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	Malar augmentation, prosthetic material
21275*	Secondary revision of orbitocraniofacial reconstruction
21280*	Medial canthopexy (separate procedure)

21282	Canthopexy, lateral
21295*	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach
21296*	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach
69300	Otoplasty, protruding ear, with or without size reduction

FAT TRANSFER

17999-Y5000	Microlipoinjection/fat transfer; lips
17999-Y5001	Microlipoinjection/fat transfer; melolabial folds
17999-Y5002	Microlipoinjection/fat transfer; marionette lines
17999-Y5003	Microlipoinjection/fat transfer; forehead
17999-Y5004	Microlipoinjection/fat transfer; glabella
17999-Y5005	Microlipoinjection/fat transfer; tear troughs
17999-Y5006	Microlipoinjection/fat transfer; crow's feet

HAIR REMOVAL

17380	Electrolysis Epilation, 30 minute session
17999-Y0020	Laser hair removal; lip
17999-Y0021	Laser hair removal; lip and chin
17999-Y0022	Laser hair removal; back
17999-Y0023	Laser hair removal; arms
17999-Y0024	Laser hair removal; underarms
17999-Y0025	Laser hair removal; bikini
17999-Y0026	Laser hair removal; legs
17999-Y0027	Laser hair removal; beard
17999-Y0028	Laser hair removal; ears

HAIR TRANSPLANT

15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
17999-Y5775	Micro/mini grafts 1- 500 hairs

INTRALESIONAL INJECTION

11900	Injection, intralesional; up to and including 7 lesions
11901	Injection, intralesional; more than 7 lesions

LASER VEIN TREATMENT

17999-Y0050	Laser treatment of leg veins
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LESION REMOVAL

11300*	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301*	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm

11302*	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303*	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305*	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306*	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307*	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308*	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310*	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311*	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312*	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313*	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter

0.5 cm or less

- 11441 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
- 11442 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
- 11443 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
- 11444 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
- 11446 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
- 17106 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm
- 17107 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 - 50.0 sq cm
- 17108 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50.0 sq cm
- 17110 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
- 17111 Destruction (e.g., laser surgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
- 17250 Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)

LIP AUGMENTATION

- 40510* Excision of lip; transverse wedge excision with primary closure
- 40520* Excision of lip; v-excision with primary direct linear closure
- 40525* Excision of lip; full thickness, reconstruction with local flap (e.g., estlander or fan)
- 40527* Excision of lip; full thickness, reconstruction with cross lip flap (abbe-estlander)
- 40530* Resection of lip, more than one-fourth, without reconstruction
- 40650* Repair lip, full thickness; vermilion only
- 40652* Repair lip, full thickness; up to half vertical height
- 40654* Repair lip, full thickness; over one-half vertical height, or complex
- 40799-Y5834 Lip Augmentation; upper or lower, unpaired

LIPOSUCTION

- 15876 Suction assisted lipectomy; head and neck
- 15877 Suction assisted lipectomy; trunk
- 15878 Suction assisted lipectomy; upper extremity

15879	Suction assisted lipectomy; lower extremity
17999-Y5875	Ultrasound assisted lipectomy; total body; excluding head and neck
17999-Y5876	Ultrasound assisted lipectomy; head and neck
17999-Y5877	Ultrasound assisted lipectomy; trunk
17999-Y5878	Ultrasound assisted lipectomy; upper extremity
17999-Y5879	Ultrasound assisted lipectomy; lower extremity

NECK

15819	Cervicoplasty
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OTHER REVISIONS

40806*	Incision of labial frenum (frenotomy)
40820*	Destruction of lesion or scar of vestibule of mouth by physical methods (e.g., laser, thermal, cryo, chemical)
40845*	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
41820*	Gingivectomy, excision gingiva, each quadrant
41828*	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41872*	Gingivoplasty, each quadrant (specify)
17999-Y5835	Buttock Augmentation w/ implant
17999-Y5836	Buttock Augmentation w/o implant
17999-Y5837	Calf Augmentation
17999-Y5838	Umbilicoplasty

PIERCING

69090	Ear piercing
17999-Y6001	Piercing, Other Body Parts

RHINOPLASTY

30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420*	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460*	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462*	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies

RHYTIDECTOMY

15824	Rhytidectomy; forehead (Brow Lift)
15825	Rhytidectomy; neck with p-flap tightening
15826	Rhytidectomy; glabellar frown lines

- 15828 Rhytidectomy; cheek, chin, and neck
- 15829 Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap

SCLEROTHERAPY

- 36468 Sclerotherapy; Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); trunk
- 36469 Sclerotherapy; Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
- 36470 Sclerotherapy; Injection of sclerosing solution; single vein
- 36471 Sclerotherapy; Injection of sclerosing solution; multiple veins, same leg

SKIN RESURFACING

- 15780 Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
- 15781 Dermabrasion; segmental, face
- 15782 Dermabrasion; regional, other than face
- 15783 Dermabrasion; superficial, any site (e.g., tattoo removal)
- 15786 Abrasion; single lesion (e.g., keratosis, scar)
- 15787 Abrasion; each additional four lesions or less (list separately in addition to code for primary procedure)
- 15788 Chemical peel, facial; epidermal
- 15789 Chemical peel, facial; dermal
- 15792 Chemical peel, nonfacial; epidermal
- 15793 Chemical peel, nonfacial; dermal
- 17999-Y0001 Microdermabrasion; total face
- 17999-Y0002 Microdermabrasion; segment, facial
- 17999-Y0003 Laser Skin Resurfacing, Ablative; total face
- 17999-Y0004 Laser Skin Resurfacing, Ablative; segment, facial
- 17999-Y0005 Laser Skin Resurfacing, Non-ablative; total face
- 17999-Y0006 Laser Skin Resurfacing, Non-ablative; segment, facial
- 17999-Y0007 Laser Skin Resurfacing, Non-ablative; neck
- 17999-Y0008 Laser Skin Resurfacing, Non-ablative; chest
- 17999-Y0009 Laser Skin Resurfacing, Non-ablative; back/shoulders
- 17999-Y0010 Laser Skin Resurfacing, Non-ablative; arms
- 17999-Y0011 Laser Skin Resurfacing, Non-ablative; hands
- 17999-Y0012 Laser Skin Resurfacing, Non-ablative; legs

SKIN TAG REMOVAL

- 11200* Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
- 11201* Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)

SOFT TISSUE FILLERS

11950	Subcutaneous injection of filling material (e.g., collagen) 1 cc or less
11951	Subcutaneous injection of filling material (e.g., collagen) 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (e.g., collagen) 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (e.g., collagen) over 10.00 cc

TATTOO REMOVAL

17999-Y0030	Laser tattoo removal; ≤ 30 sq. cm, initial session
17999-Y0031	Laser tattoo removal; ≤ 30 sq. cm, each addl session
17999-Y0032	Laser tattoo removal; ≥ 31 sq cm, initial session
17999-Y0033	Laser tattoo removal; ≥ 31 sq cm, each addl session

VEIN STRIPPING

37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	Ligation, division, and stripping, short saphenous vein
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions

WOUND REPAIR

12001*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12004*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12005*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12011*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm

12018*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
12020*	Treatment of superficial wound dehiscence; simple closure
12021*	Treatment of superficial wound dehiscence; with packing
12031*	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032*	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034*	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035*	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12036*	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037*	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12041*	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042*	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12044*	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045*	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046*	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047*	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
12051*	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052*	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053*	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12054*	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055*	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056*	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057*	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm

13102	Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)
13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)
13160*	Secondary closure of surgical wound or dehiscence, extensive or complicated

MODERATE SEDATION

99144	Moderate Sedation, performed physician performing primary procedure
99149	Moderate Sedation, performed by physician other than primary surgeon

DENTAL

D9972*	Teeth Whitening; external bleaching, per arch
D9973	Teeth Whitening; external bleaching, per tooth
D9974	Teeth Whitening; internal bleaching, per tooth
D9999	Laser Teeth Whitening, per treatment

Appendix D: Sample Letter of Acknowledgement for Cosmetic Surgery

I, _____, have elected to undergo
PATIENT'S NAME

NAME OF PROCEDURE

at _____.
NAME OF MEDICAL TREATMENT FACILITY

1. Since this surgery is not a TRICARE or DoD benefit, I agree to pay in advance for the procedure(s) at the rate(s) listed in the attached estimate. I acknowledge that the initial amount paid by me may not constitute payment in full since there may be additional charges for services such as laboratory, radiology, and pharmacy, as well as any unforeseen necessary procedures undertaken during the surgery. I understand that these charges are not factored into the initial estimate, but will be added upon computation of the final bill. I agree that these charges must be paid within 30 calendar days after presentation of the final bill or, pursuant to the 1982 Debt Collection Act, I will incur additional interest and/or administrative charges.

2. I have read and understand the refund policy (printed on the back of this form) in the event I change my mind and decide not to have the surgery.

3. I have been counseled that follow-up care after my surgery is NOT guaranteed in a military medical treatment facilities because the care may exceed the ability of the facility and/or there may not be appointments available when I need to be seen. I understand that follow-up care, including care for complications, is not a covered benefit under TRICARE, which means that I may be financially responsible for that care if I am not treated at a military treatment facility. I have reviewed Chapter 4, Section 1.1, of the TRICARE Handbook (August 2002 edition) and understand what type of follow-up care I will be financially responsible for if I am not treated at military facility.

I fully understand these conditions and agree to proceed.

SIGNATURE OF PATIENT

SIGNATURE OF COUNSELING OFFICIAL

DATE SIGNED: _____

DATE SIGNED: _____

Appendix E: Cosmetic Surgery Estimator v5 Rate Table

Department of Defense, TRICARE Management Activity, Uniform Business Office

Elective Cosmetic Surgery Rates CY 2009 (Effective July 1, 2009)

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Procedure Codes designated as 17999-YXXXX were developed by TMA UBO and are not intended to serve a CPT codes. AMA rules and restrictions do not apply.

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions	N	70.00	60.00	50.00	5,480.00	160.00	N	N
11201	Removal of skin tags, multiple fibrocuteaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)	Y	20.00	20.00	50.00	5,270.00	0.00	Y	N
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	N	60.00	30.00	50.00	5,440.00	160.00	Y	N
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	N	80.00	50.00	50.00	5,460.00	160.00	Y	N
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	N	100.00	60.00	50.00	5,470.00	160.00	Y	N
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	N	120.00	70.00	100.00	5,480.00	160.00	Y	N
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	N	60.00	30.00	50.00	5,510.00	220.00	Y	N
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	N	90.00	50.00	50.00	5,530.00	220.00	Y	N

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11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	N	100.00	60.00	50.00	5,540.00	220.00	Y	N
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	N	110.00	80.00	50.00	5,550.00	220.00	Y	N
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	N	80.00	40.00	50.00	5,520.00	220.00	Y	N
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	N	100.00	60.00	50.00	5,530.00	220.00	Y	N
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	N	110.00	70.00	50.00	5,540.00	220.00	Y	N
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	N	140.00	90.00	50.00	5,570.00	220.00	Y	N
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	N	100.00	70.00	300.00	5,480.00	160.00	Y	N

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11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	N	130.00	90.00	300.00	5,510.00	160.00	Y	N
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	N	140.00	100.00	300.00	5,520.00	160.00	Y	N
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	N	160.00	130.00	550.00	5,540.00	160.00	Y	N
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	N	190.00	140.00	1,050.00	5,560.00	160.00	Y	N
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	N	260.00	210.00	1,050.00	5,630.00	160.00	Y	N
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	N	100.00	70.00	550.00	5,550.00	220.00	Y	N
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	N	130.00	100.00	550.00	5,580.00	220.00	Y	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	N	150.00	120.00	550.00	5,600.00	220.00	Y	N
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	N	180.00	140.00	1,050.00	5,620.00	220.00	Y	N
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	N	200.00	160.00	1,050.00	5,640.00	220.00	Y	N
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	N	290.00	240.00	1,440.00	5,720.00	220.00	Y	N
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	N	110.00	90.00	300.00	5,560.00	220.00	Y	N
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	N	140.00	110.00	300.00	5,590.00	220.00	Y	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	N	160.00	130.00	550.00	5,600.00	220.00	Y	N
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	N	200.00	160.00	550.00	5,630.00	220.00	Y	N
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	N	250.00	200.00	550.00	5,680.00	220.00	Y	N
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	N	340.00	290.00	1,440.00	5,760.00	220.00	Y	N
11900	Injection, intralesional; up to and including 7 lesions	N	50.00	30.00	50.00	1,940.00	0.00	N	N
11901	Injection, intralesional; more than 7 lesions	N	60.00	40.00	50.00	1,960.00	0.00	N	N
11950	Subcutaneous injection of filling material (e.g., collagen) 1 cc or less	N	70.00	50.00	90.00	2,120.00	160.00	N	N
11951	Subcutaneous injection of filling material (e.g., collagen) 1.1 to 5.0 cc	N	90.00	70.00	90.00	2,140.00	160.00	N	N
11952	Subcutaneous injection of filling material (e.g., collagen) 5.1 to 10.0 cc	N	130.00	90.00	90.00	2,170.00	160.00	N	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
11954	Subcutaneous injection of filling material (e.g., collagen) over 10.00 cc	N	150.00	110.00	90.00	2,180.00	160.00	N	N
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	N	130.00	90.00	90.00	3,730.00	220.00	N	N
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	N	140.00	100.00	90.00	3,740.00	220.00	N	N
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	N	170.00	120.00	90.00	3,750.00	220.00	N	N
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	N	210.00	150.00	90.00	3,780.00	220.00	N	N
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	N	260.00	190.00	90.00	3,820.00	220.00	N	N
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	N	290.00	220.00	90.00	3,850.00	220.00	N	N
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	N	140.00	100.00	90.00	3,730.00	220.00	N	N

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12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	N	150.00	110.00	90.00	3,740.00	220.00	N	N
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	N	180.00	130.00	90.00	3,770.00	220.00	N	N
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	N	230.00	170.00	90.00	3,800.00	220.00	N	N
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	N	270.00	200.00	90.00	3,840.00	220.00	N	N
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	N	240.00	240.00	90.00	3,880.00	220.00	N	N
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	N	300.00	300.00	90.00	3,930.00	220.00	N	N
12020	Treatment of superficial wound dehiscence; simple closure	N	240.00	170.00	290.00	2,870.00	160.00	Y	N
12021	Treatment of superficial wound dehiscence; with packing	N	140.00	120.00	230.00	2,830.00	160.00	Y	N
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	N	210.00	140.00	90.00	3,770.00	220.00	N	N

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12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	N	270.00	170.00	230.00	3,810.00	220.00	N	N
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	N	270.00	180.00	90.00	3,810.00	220.00	N	N
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	N	330.00	220.00	90.00	3,850.00	220.00	N	N
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	N	360.00	250.00	230.00	3,880.00	220.00	N	N
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	N	410.00	290.00	230.00	3,920.00	220.00	N	N
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	N	220.00	150.00	90.00	3,780.00	220.00	N	N
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	N	260.00	180.00	90.00	3,810.00	220.00	N	N
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	N	300.00	190.00	90.00	3,820.00	220.00	N	N
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	N	330.00	220.00	230.00	3,860.00	220.00	N	N
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	N	390.00	270.00	230.00	3,900.00	220.00	N	N

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12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	N	420.00	290.00	230.00	3,920.00	220.00	N	N
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	N	240.00	160.00	90.00	3,790.00	220.00	N	N
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	N	270.00	190.00	90.00	3,820.00	220.00	N	N
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	N	300.00	190.00	90.00	3,830.00	220.00	N	N
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	N	310.00	210.00	90.00	3,840.00	220.00	N	N
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	N	380.00	250.00	230.00	3,880.00	220.00	N	N
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	N	450.00	310.00	230.00	3,940.00	220.00	N	N
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	N	500.00	350.00	230.00	3,980.00	220.00	N	N
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	N	280.00	210.00	290.00	3,780.00	160.00	N	N
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	N	350.00	260.00	290.00	3,830.00	160.00	N	N

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13102	Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)	Y	100.00	70.00	290.00	3,480.00	0.00	Y	N
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	N	290.00	220.00	230.00	3,850.00	220.00	N	N
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	N	390.00	290.00	230.00	3,920.00	220.00	N	N
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)	Y	110.00	80.00	230.00	3,490.00	0.00	Y	N
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	N	320.00	250.00	230.00	3,880.00	220.00	N	N
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	N	510.00	420.00	230.00	4,050.00	220.00	N	N
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)	Y	150.00	120.00	230.00	3,530.00	0.00	Y	N
13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	N	320.00	250.00	290.00	3,880.00	220.00	N	N
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	N	370.00	290.00	290.00	3,920.00	220.00	N	N
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	N	500.00	390.00	290.00	4,020.00	220.00	N	N

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13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)	Y	170.00	130.00	230.00	3,540.00	0.00	Y	N
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	N	740.00	740.00	1,390.00	6,240.00	160.00	Y	N
15775	Punch graft for hair transplant; 1 to 15 punch grafts	N	290.00	220.00	90.00	2,130.00	0.00	N	N
15776	Punch graft for hair transplant; more than 15 punch grafts	N	410.00	310.00	90.00	2,230.00	0.00	N	N
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	N	740.00	590.00	1,440.00	6,060.00	220.00	N	N
15781	Dermabrasion; segmental, face	N	470.00	380.00	300.00	5,860.00	220.00	Y	N
15782	Dermabrasion; regional, other than face	N	500.00	370.00	300.00	5,790.00	160.00	Y	N
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	N	430.00	330.00	180.00	5,750.00	160.00	Y	N
15786	Abrasion; single lesion (eg, keratosis, scar)	N	210.00	120.00	50.00	5,540.00	160.00	N	N
15787	Abrasion; each additional four lesions or less (list separately in addition to code for primary procedure)	Y	40.00	20.00	50.00	5,270.00	0.00	Y	N
15788	Chemical peel, facial; epidermal	N	380.00	210.00	50.00	2,350.00	220.00	N	N

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15789	Chemical peel, facial; dermal	N	500.00	380.00	100.00	2,520.00	220.00	N	N
15792	Chemical peel, nonfacial; epidermal	N	370.00	230.00	100.00	2,370.00	220.00	Y	N
15793	Chemical peel, nonfacial; dermal	N	420.00	320.00	50.00	2,450.00	220.00	Y	N
15819	Cervicoplasty	N	670.00	670.00	230.00	890.00	220.00	N	N
15820	Blepharoplasty, lower eyelid;	N	470.00	430.00	1,390.00	2,550.00	210.00	N	Y
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	N	500.00	460.00	1,390.00	2,580.00	210.00	N	Y
15822	Blepharoplasty, upper eyelid;	N	370.00	330.00	1,390.00	2,450.00	210.00	N	Y
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	N	590.00	540.00	1,390.00	2,670.00	210.00	N	Y
15824	Rhytidectomy; forehead (Brow Lift)	N	570.00	430.00	1,390.00	5,910.00	220.00	N	Y
15825	Rhytidectomy; neck with p-flap tightening	N	540.00	430.00	1,390.00	5,910.00	220.00	N	Y
15826	Rhytidectomy; glabellar frown lines	N	570.00	430.00	1,390.00	5,910.00	220.00	N	Y
15828	Rhytidectomy; cheek, chin, and neck	N	540.00	430.00	1,390.00	5,910.00	220.00	N	Y
15829	Rhytidectomy; superficial musculoaponeurotic system (smas) flap	N	580.00	580.00	1,390.00	6,060.00	220.00	N	Y
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	N	1,080.00	1,080.00	1,440.00	9,800.00	400.00	N	N

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15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh lift	N	810.00	810.00	1,440.00	9,300.00	160.00	N	Y
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg lift	N	770.00	770.00	1,440.00	9,260.00	160.00	N	Y
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip lift	N	770.00	770.00	1,440.00	9,250.00	160.00	N	Y
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock lift	N	810.00	810.00	1,440.00	9,360.00	220.00	N	Y
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm lift--brachioplasty	N	670.00	670.00	1,050.00	9,160.00	160.00	N	Y
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	N	700.00	610.00	1,050.00	9,100.00	160.00	N	Y
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	N	520.00	520.00	1,050.00	9,070.00	220.00	N	N
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	N	770.00	660.00	1,050.00	9,150.00	160.00	Y	N
15847	Excision, excessive skin & subcutaneous tissue (includes lipectomy), abdomen (includes umbilical transposition & fascial plication); Panniculectomy with Abdominoplasty	Y	500.00	500.00	1,440.00	8,830.00	0.00	N	N
15876	Suction assisted lipectomy; head and neck	N	590.00	540.00	1,390.00	9,090.00	220.00	N	N
15877	Suction assisted lipectomy; trunk	N	1,030.00	1,030.00	1,390.00	9,520.00	160.00	Y	N
15878	Suction assisted lipectomy; upper extremity	N	660.00	660.00	1,390.00	9,150.00	160.00	N	Y

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15879	Suction assisted lipectomy; lower extremity	N	760.00	760.00	1,390.00	9,250.00	160.00	N	Y
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	N	310.00	250.00	180.00	3,270.00	160.00	N	N
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 - 50.0 sq cm	N	410.00	340.00	180.00	3,360.00	160.00	N	N
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	N	520.00	440.00	180.00	3,460.00	160.00	N	N
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	N	100.00	60.00	50.00	5,480.00	160.00	N	N
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	N	120.00	80.00	100.00	5,490.00	160.00	N	N
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	N	70.00	30.00	100.00	5,450.00	160.00	Y	N
17380	Electrolysis Epilation, 30 minute session	N	50.00	50.00	50.00	2,130.00	160.00	Y	N
19300	Mastectomy for Gynecomastia	N	440.00	350.00	1,420.00	6,160.00	160.00	N	Y
19316	Mastopexy (Breast Lift)	N	710.00	710.00	2,220.00	6,690.00	320.00	N	Y

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19318	Reduction mammoplasty	N	1,060.00	1,060.00	2,680.00	7,030.00	320.00	N	Y
19324	Mammoplasty, augmentation; without prosthetic implant	N	430.00	430.00	2,680.00	6,410.00	320.00	N	Y
19325	Mammoplasty, augmentation; with prosthetic implant	N	590.00	590.00	3,970.00	6,560.00	320.00	N	Y
19328	Removal of intact mammary implant	N	440.00	440.00	2,220.00	6,420.00	320.00	N	Y
19330	Removal of mammary implant material	N	570.00	570.00	2,220.00	6,550.00	320.00	N	Y
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	N	370.00	370.00	2,680.00	6,020.00	0.00	N	Y
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	N	560.00	450.00	1,640.00	7,340.00	290.00	N	N
21121	Genioplasty; sliding osteotomy, single piece	N	700.00	600.00	1,640.00	7,480.00	290.00	N	N
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	N	660.00	660.00	1,640.00	7,540.00	290.00	N	N
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	N	790.00	790.00	1,640.00	7,670.00	290.00	N	N
21125	Augmentation, mandibular body or angle; prosthetic material	N	2,710.00	680.00	1,640.00	7,570.00	290.00	N	N
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	N	3,230.00	800.00	2,770.00	7,690.00	290.00	N	N

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21137	Reduction forehead; contouring only	N	660.00	660.00	1,640.00	8,460.00	290.00	N	N
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	N	830.00	830.00	2,770.00	8,750.00	420.00	N	N
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	N	920.00	920.00	2,770.00	8,850.00	420.00	N	N
21141	Reconstruction midface, lefort i; single piece, segment movement in any direction (eg, for long face syndrome), without bone graft	N	1,250.00	1,250.00	0.00	8,260.00	420.00	N	N
21142	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, without bone graft	N	1,230.00	1,230.00	0.00	8,250.00	420.00	N	N
21143	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, without bone graft	N	1,270.00	1,270.00	0.00	8,280.00	420.00	N	N
21145	Reconstruction midface, lefort i; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	N	1,430.00	1,430.00	0.00	8,450.00	420.00	N	N
21146	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	N	1,530.00	1,530.00	0.00	8,550.00	420.00	N	N
21147	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft/multiple osteotomies)	N	1,560.00	1,560.00	0.00	8,570.00	420.00	N	N

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21150	Reconstruction midface, lefort ii; anterior intrusion (eg, treacher-collins syndrome)	N	1,550.00	1,550.00	2,770.00	9,480.00	420.00	N	N
21151	Reconstruction midface, lefort ii; any direction, requiring bone grafts (includes obtaining autografts)	N	1,880.00	1,880.00	0.00	9,800.00	420.00	N	N
21154	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); without lefort i	N	1,890.00	1,890.00	0.00	9,820.00	420.00	N	N
21155	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); with lefort i	N	2,190.00	2,190.00	0.00	10,120.00	420.00	N	N
21159	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without lefort i	N	2,650.00	2,650.00	0.00	10,580.00	420.00	N	N
21160	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with lefort i	N	2,670.00	2,670.00	0.00	10,600.00	420.00	N	N
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	N	1,660.00	1,660.00	2,770.00	9,580.00	420.00	N	N
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), w w/o grafts (inc obtaining autografts)	N	2,010.00	2,010.00	2,770.00	9,930.00	420.00	N	N
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	N	1,370.00	1,370.00	0.00	9,300.00	420.00	N	N

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21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	N	1,570.00	1,570.00	0.00	9,490.00	420.00	N	N
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	N	650.00	650.00	1,640.00	8,450.00	290.00	N	N
21182	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra-&extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting < 40 sq cm	N	1,890.00	1,890.00	0.00	6,980.00	420.00	N	N
21183	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex foll intra-&extracranial excision, benign tumor, cranial bone, w multi autografts; total area, bone graft > 40 sq cm but < 80 sq cm	N	2,130.00	2,130.00	0.00	7,230.00	420.00	N	N
21184	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra-&extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting > 80 sq cm	N	2,280.00	2,280.00	0.00	7,380.00	420.00	N	N
21188	Reconstruction midface, osteotomies (other than lefort type) and bone grafts (includes obtaining autografts)	N	1,490.00	1,490.00	0.00	9,420.00	420.00	N	N
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	N	1,150.00	1,150.00	0.00	8,170.00	420.00	N	N
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	N	1,310.00	1,310.00	0.00	8,320.00	420.00	N	N
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	N	1,230.00	1,230.00	2,770.00	8,240.00	420.00	N	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	N	1,340.00	1,340.00	0.00	8,360.00	420.00	N	N
21198	Osteotomy, mandible, segmental;	N	1,050.00	1,050.00	2,770.00	8,030.00	380.00	N	N
21199	Osteotomy, mandible, segmental; with genioglossus advancement	N	950.00	950.00	2,770.00	7,970.00	420.00	N	N
21206	Osteotomy, maxilla, segmental (eg, wassmund or schuchard)	N	1,040.00	1,040.00	2,770.00	7,920.00	290.00	N	N
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	N	1,540.00	760.00	2,770.00	8,550.00	290.00	N	N
21209	Osteoplasty, facial bones; reduction	N	730.00	580.00	2,770.00	8,380.00	290.00	N	N
21210	Graft, bone; malar/maxilla/nasal augmentation	N	1,850.00	760.00	2,770.00	4,960.00	290.00	N	N
21215	Graft, bone; mandible (includes obtaining graft)	N	3,140.00	790.00	2,770.00	8,590.00	290.00	N	N
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	N	710.00	710.00	2,770.00	8,500.00	290.00	Y	N
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	N	650.00	510.00	1,640.00	8,250.00	230.00	Y	N
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	N	1,030.00	1,030.00	2,770.00	8,040.00	420.00	N	Y
21242	Arthroplasty, temporomandibular joint, with allograft	N	940.00	940.00	2,770.00	7,820.00	290.00	N	Y

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21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	N	1,540.00	1,540.00	2,770.00	8,560.00	420.00	N	Y
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	N	950.00	950.00	2,770.00	7,840.00	290.00	N	N
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	N	1,030.00	840.00	2,770.00	7,860.00	420.00	N	N
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	N	790.00	790.00	2,770.00	6,990.00	420.00	N	N
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	N	1,490.00	1,490.00	0.00	8,510.00	420.00	N	N
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	N	970.00	810.00	2,770.00	7,830.00	420.00	N	N
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	N	1,350.00	1,150.00	2,770.00	7,350.00	420.00	N	N
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	N	1,330.00	1,330.00	0.00	9,250.00	420.00	Y	N
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, microphthalmia)	N	1,070.00	1,070.00	0.00	9,000.00	420.00	Y	N
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	N	1,200.00	1,200.00	2,770.00	6,300.00	420.00	Y	N
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	N	2,070.00	2,070.00	2,770.00	7,280.00	530.00	Y	N

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21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	N	1,860.00	1,860.00	2,770.00	6,960.00	420.00	Y	N
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	N	1,410.00	1,410.00	2,770.00	9,340.00	420.00	Y	N
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	N	1,770.00	1,770.00	0.00	9,810.00	530.00	Y	N
21270	Malar augmentation, prosthetic material	N	820.00	640.00	2,770.00	7,530.00	290.00	N	N
21275	Secondary revision of orbitocraniofacial reconstruction	N	740.00	740.00	2,770.00	8,670.00	420.00	Y	N
21280	Medial canthopexy (separate procedure)	N	470.00	470.00	2,770.00	5,670.00	220.00	N	Y
21282	Canthopexy, lateral	N	310.00	310.00	1,140.00	5,790.00	220.00	N	Y
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	N	160.00	160.00	500.00	7,040.00	290.00	Y	N
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	N	380.00	380.00	1,640.00	8,110.00	220.00	Y	N
21899	Pectoral Augmentation; male chest, with implant	N	590.00	590.00	3,970.00	6,560.00	320.00	N	Y
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	N	940.00	940.00	2,770.00	5,080.00	230.00	N	N

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30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	N	1,110.00	1,110.00	2,770.00	5,260.00	230.00	N	N
30420	Rhinoplasty, primary; including major septal repair	N	1,250.00	1,250.00	2,770.00	5,390.00	230.00	N	N
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	N	820.00	820.00	1,640.00	4,960.00	230.00	N	N
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	N	1,080.00	1,080.00	2,770.00	5,230.00	230.00	N	N
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	N	1,440.00	1,440.00	2,770.00	5,590.00	230.00	N	N
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	N	700.00	700.00	2,770.00	5,580.00	230.00	N	N
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	N	1,410.00	1,410.00	2,770.00	6,290.00	230.00	N	N
36468	Sclerotherapy; Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); trunk	N	150.00	150.00	50.00	4,960.00	160.00	N	N
36469	Sclerotherapy; Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	N	250.00	250.00	50.00	5,120.00	220.00	N	N
36470	Sclerotherapy; Injection of sclerosing solution; single vein	N	130.00	70.00	50.00	4,880.00	160.00	N	Y
36471	Sclerotherapy; Injection of sclerosing solution; multiple veins, same leg	N	160.00	100.00	50.00	4,910.00	160.00	N	Y

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	N	250.00	250.00	1,810.00	5,120.00	230.00	N	Y
37718	Ligation, division, and stripping, short saphenous vein	N	390.00	390.00	1,810.00	5,250.00	210.00	N	Y
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	N	470.00	470.00	2,890.00	5,340.00	230.00	N	Y
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	N	430.00	430.00	1,810.00	5,290.00	210.00	N	Y
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	N	530.00	530.00	1,810.00	5,380.00	210.00	N	Y
40510	Excision of lip; transverse wedge excision with primary closure	N	430.00	330.00	1,640.00	4,890.00	220.00	Y	N
40520	Excision of lip; v-excision with primary direct linear closure	N	440.00	330.00	1,140.00	4,890.00	220.00	Y	N
40525	Excision of lip; full thickness, reconstruction with local flap (eg, estlander or fan)	N	510.00	510.00	1,640.00	5,080.00	220.00	Y	N
40527	Excision of lip; full thickness, reconstruction with cross lip flap (abbe-estlander)	N	600.00	600.00	1,640.00	5,170.00	220.00	Y	N
40530	Resection of lip, more than one-fourth, without reconstruction	N	490.00	370.00	1,640.00	4,940.00	220.00	Y	N
40650	Repair lip, full thickness; vermilion only	N	370.00	260.00	500.00	3,360.00	220.00	Y	N

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40652	Repair lip, full thickness; up to half vertical height	N	430.00	320.00	500.00	3,420.00	220.00	Y	N
40654	Repair lip, full thickness; over one-half vertical height, or complex	N	510.00	390.00	500.00	3,480.00	220.00	Y	N
40806	Incision of labial frenum (frenotomy)	N	90.00	30.00	220.00	3,130.00	220.00	N	N
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	N	230.00	150.00	1,140.00	4,720.00	220.00	Y	N
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	N	1,350.00	1,160.00	2,770.00	4,260.00	220.00	N	N
41820	Gingivectomy, excision gingiva, each quadrant	N	500.00	500.00	500.00	3,590.00	220.00	Y	N
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	N	270.00	200.00	1,140.00	3,300.00	220.00	Y	N
41872	Gingivoplasty, each quadrant (specify)	N	320.00	240.00	1,140.00	4,800.00	220.00	Y	N
64612	Chemodenerivation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)	N	140.00	120.00	160.00	4,490.00	0.00	N	N
64613	Chemodenerivation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)	N	140.00	120.00	240.00	4,480.00	0.00	N	N
64614	Chemodenerivation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)	N	160.00	130.00	240.00	3,460.00	0.00	Y	Y
64650	Chemodenerivation of eccrine glands; both axillae	N	60.00	40.00	160.00	4,400.00	0.00	N	N

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64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	N	70.00	50.00	160.00	4,410.00	0.00	N	N
65760	Keratomileusis	N	3,400.00	3,400.00	6,920.00	8,580.00	200.00	N	Y
65765	Keratophakia	N	2,280.00	2,280.00	6,920.00	7,510.00	260.00	N	Y
65767	Epikeratoplasty	N	3,400.00	3,400.00	6,920.00	8,580.00	200.00	N	Y
65770	Keratoprosthesis	N	1,180.00	1,180.00	6,920.00	4,950.00	260.00	N	Y
67903	Repair of blepharoptosis; (tarso)levator resection or advancement, internal approach	N	520.00	420.00	1,280.00	5,610.00	210.00	N	Y
67904	Repair of blepharoptosis; (tarso)levator resection or advancement, external approach	N	610.00	500.00	1,280.00	5,680.00	210.00	N	Y
67950	Canthoplasty (reconstruction of canthus)	N	490.00	390.00	1,280.00	5,580.00	210.00	N	Y
69090	Ear piercing, each piercing	N	20.00	20.00	0.00	20.00	0.00	Y	N
69300	Otoplasty, protruding ear, with or without size reduction	N	590.00	450.00	1,640.00	3,580.00	260.00	N	Y
99144	Moderate Sedation, performed by surgeon	N	0.00	0.00	0.00	100.00	220.00	N	N
99149	Moderate Sedation, performed by other physician than surgeon	N	0.00	0.00	0.00	100.00	220.00	Y	N
17999-Y0001	Microdermabrasion; total face	N	380.00	210.00	50.00	2,350.00	220.00	N	N
17999-Y0002	Microdermabrasion; segment, facial	N	190.00	110.00	30.00	2,240.00	220.00	Y	N
17999-Y0003	Laser Skin Resurfacing, Ablative; total face	N	740.00	590.00	1,440.00	2,720.00	220.00	N	N
17999-Y0004	Laser Skin Resurfacing, Ablative; segment, facial	N	470.00	380.00	300.00	2,520.00	220.00	Y	N

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17999-Y0005	Laser Skin Resurfacing, Non-ablative; total face	N	430.00	330.00	180.00	2,470.00	220.00	N	N
17999-Y0006	Laser Skin Resurfacing, Non-ablative; segment, facial	N	220.00	170.00	90.00	2,300.00	160.00	N	N
17999-Y0007	Laser Skin Resurfacing, Non-ablative; neck	N	260.00	200.00	110.00	2,340.00	220.00	N	N
17999-Y0008	Laser Skin Resurfacing, Non-ablative; chest	N	430.00	330.00	180.00	2,410.00	160.00	N	Y
17999-Y0009	Laser Skin Resurfacing, Non-ablative; back and shoulder area	N	650.00	500.00	270.00	2,640.00	160.00	N	Y
17999-Y0010	Laser Skin Resurfacing, Non-ablative; arms	N	430.00	330.00	180.00	2,410.00	160.00	N	Y
17999-Y0011	Laser Skin Resurfacing, Non-ablative; hands	N	220.00	170.00	90.00	2,240.00	220.00	N	N
17999-Y0012	Laser Skin Resurfacing, Non-ablative; legs	N	430.00	330.00	180.00	2,410.00	220.00	N	N
17999-Y0020	Laser hair removal; lip	N	50.00	50.00	50.00	2,190.00	220.00	N	N
17999-Y0021	Laser hair removal; lip and chin	N	100.00	100.00	50.00	2,240.00	160.00	N	Y
17999-Y0022	Laser hair removal; back	N	450.00	450.00	50.00	2,590.00	160.00	N	Y
17999-Y0023	Laser hair removal; arms	N	250.00	250.00	50.00	2,330.00	160.00	N	N
17999-Y0024	Laser hair removal; underarms	N	100.00	100.00	50.00	2,180.00	160.00	N	Y
17999-Y0025	Laser hair removal; bikini	N	150.00	150.00	50.00	2,230.00	220.00	N	N
17999-Y0026	Laser hair removal; legs	N	300.00	300.00	50.00	2,380.00	220.00	N	Y
17999-Y0027	Laser hair removal; beard	N	150.00	150.00	50.00	2,290.00	220.00	N	N
17999-Y0028	Laser hair removal; ears	N	50.00	50.00	50.00	2,190.00	220.00	Y	N

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17999-Y0030	Laser tattoo removal; ≤ 30 sq. cm, initial session	N	160.00	160.00	100.00	2,300.00	220.00	N	N
17999-Y0031	Laser tattoo removal; ≤ 30 sq. cm, each addl session	Y	80.00	80.00	100.00	2,220.00	220.00	Y	N
17999-Y0032	Laser tattoo removal; ≥ 31 sq cm, initial session	N	500.00	500.00	100.00	2,640.00	220.00	N	Y
17999-Y0033	Laser tattoo removal; ≥ 31 sq cm, each addl session	Y	250.00	250.00	100.00	2,390.00	160.00	N	Y
17999-Y0050	Laser Vein Treatment of Leg	N	300.00	300.00	100.00	2,440.00	160.00	N	Y
17999-Y5000	Microlipoinjection/fat transfer; lips	N	150.00	110.00	90.00	2,180.00	160.00	N	Y
17999-Y5001	Microlipoinjection/fat transfer; melolabial folds	N	150.00	110.00	90.00	2,180.00	160.00	N	N
17999-Y5002	Microlipoinjection/fat transfer; marionette lines	N	150.00	110.00	90.00	2,180.00	160.00	N	N
17999-Y5003	Microlipoinjection/fat transfer; forehead	N	150.00	110.00	90.00	2,180.00	160.00	N	Y
17999-Y5004	Microlipoinjection/fat transfer; glabella	N	150.00	110.00	90.00	2,180.00	160.00	N	Y
17999-Y5005	Microlipoinjection/fat transfer; tear troughs	N	150.00	110.00	90.00	2,180.00	0.00	Y	N
17999-Y5006	Microlipoinjection/fat transfer; crows feet	N	150.00	110.00	90.00	2,180.00	400.00	N	N
17999-Y5775	Micro/mini grafts 1- 500 hairs	N	290.00	220.00	90.00	7,730.00	220.00	N	Y
17999-Y5831	Abdominoplasty	N	540.00	540.00	720.00	9,260.00	220.00	N	Y

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17999-Y5835	Buttock Augmentation w/ implant	N	590.00	590.00	1,340.00	6,070.00	160.00	N	Y
17999-Y5836	Buttock Augmentation w/o implant	N	440.00	440.00	630.00	5,920.00	220.00	N	N
17999-Y5837	Calf Augmentation	N	590.00	590.00	1,340.00	6,010.00	220.00	N	N
17999-Y5838	Umbilicoplasty	N	910.00	910.00	510.00	6,390.00	160.00	Y	N
17999-Y5876	Ultrasound assisted lipectomy; head and neck	N	590.00	540.00	1,390.00	6,020.00	160.00	N	Y
17999-Y5877	Ultrasound assisted lipectomy; trunk	N	1,030.00	1,030.00	1,390.00	6,450.00	160.00	N	Y
17999-Y5878	Ultrasound assisted lipectomy; upper extremity	N	660.00	660.00	1,390.00	6,080.00	0.00	Y	N
17999-Y5879	Ultrasound assisted lipectomy; lower extremity	N	760.00	760.00	1,390.00	6,180.00	160.00	N	Y
17999-Y6001	Piercing, Other Body Parts	N	50.00	50.00	0.00	50.00	160.00	N	Y
19350-E	Nipple enlargement	N	770.00	620.00	1,420.00	6,040.00	160.00	Y	N
19350-R	Nipple reduction	N	770.00	620.00	1,420.00	6,040.00	0.00	Y	N
40799-Y5834	Lip Augmentation; upper or lower, unpaired	N	430.00	430.00	90.00	6,240.00	0.00	Y	N
D9972	Teeth Whitening; external bleaching, per arch	N	220.00	220.00	240.00	5,470.00	0.00	Y	N
D9973	Teeth Whitening; external bleaching, per tooth	N	20.00	20.00	30.00	5,270.00	0.00	N	N
D9974	Teeth Whitening; internal bleaching, per tooth	N	190.00	190.00	200.00	5,440.00	100.00	N	N
D9999	Laser Teeth Whitening, per treatment	N	500.00	190.00	0.00	190.00	100.00	N	N

Appendix F: CSE Training Guide

This appendix supplements the Billers Guide to the Cosmetic Surgery Estimator section.

Depending on the choices made or information entered, messages may appear. Many of these messages contain information and reminders and are not necessarily error messages. Read each one carefully.

The following instructions describe the user actions and CSE actions for each of the numbered sections completed to create an inquiry.

Section	Name	User Action	CSE Action																																																
1 & 2	Select a Procedure	If there is more than one procedure, enter the procedure with the highest professional fee first; select additional procedures as part of Section 11.	<table><tr><th>Select By:</th><th>CPT Code</th><th>or</th><th>CPT Description</th><th>CPT Glossary</th></tr><tr><td>1 & 2</td><td>What is the CPT code?</td><td></td><td></td><td></td></tr></table>	Select By:	CPT Code	or	CPT Description	CPT Glossary	1 & 2	What is the CPT code?																																									
Select By:	CPT Code	or	CPT Description	CPT Glossary																																															
1 & 2	What is the CPT code?																																																		
1 & 2a	Type or select a code or procedure.	Select either the CPT Code or CPT Description of a procedure by typing it in the box or by selecting it from a drop-down list. Selecting one automatically populates the other.	<table><tr><th>CPT Code</th><th>or</th><th>CPT Description</th><th>CPT Glossary</th></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>11400</td><td></td><td>Excision benign skin lesion, trunk, arms or leg <.5cm</td><td></td></tr><tr><td>11401</td><td></td><td>Excision benign skin lesion, trunk, arms or legs 0.6-1.0cm</td><td></td></tr><tr><td>11402</td><td></td><td>Excision benign skin lesion, trunk, arms or legs 1.1-2.0cm</td><td></td></tr><tr><td>11403</td><td></td><td>Excision, benign skin lesion, trunk, arms or leg 2.1-3.0cm</td><td></td></tr><tr><td>11404</td><td></td><td>Excision, benign skin lesion, trunk, arms or legs 3.1-4.0cm</td><td></td></tr><tr><td>11406</td><td></td><td>Excision, benign skin lesion, trunk, arms or legs >4.0cm</td><td></td></tr><tr><td>11420</td><td></td><td>Excision benign skin lesion, scalp, neck, hands, feet, genit. <.5cm</td><td></td></tr><tr><td>11421</td><td></td><td>Excision benign skin lesion, scalp, neck, hands, feet, genit. 0.6-1.0cm</td><td></td></tr><tr><td>11422</td><td></td><td>Excision benign skin lesion, scalp, neck, hands, feet, genit. 1.1-2.0cm</td><td></td></tr><tr><td>11423</td><td></td><td>Excision benign skin lesion, scalp, neck, hands, feet, genit. 2.1-3.0cm</td><td></td></tr></table>	CPT Code	or	CPT Description	CPT Glossary					11400		Excision benign skin lesion, trunk, arms or leg <.5cm		11401		Excision benign skin lesion, trunk, arms or legs 0.6-1.0cm		11402		Excision benign skin lesion, trunk, arms or legs 1.1-2.0cm		11403		Excision, benign skin lesion, trunk, arms or leg 2.1-3.0cm		11404		Excision, benign skin lesion, trunk, arms or legs 3.1-4.0cm		11406		Excision, benign skin lesion, trunk, arms or legs >4.0cm		11420		Excision benign skin lesion, scalp, neck, hands, feet, genit. <.5cm		11421		Excision benign skin lesion, scalp, neck, hands, feet, genit. 0.6-1.0cm		11422		Excision benign skin lesion, scalp, neck, hands, feet, genit. 1.1-2.0cm		11423		Excision benign skin lesion, scalp, neck, hands, feet, genit. 2.1-3.0cm	
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1 & 2b		Once the most complex procedure is selected, the Professional Fee appears.	<table><tr><th>Select By:</th><th>CPT Code</th><th>or</th><th>CPT Description</th><th>CPT Glossary</th><th>Costs</th></tr><tr><td>1 & 2</td><td>What is the CPT code?</td><td>30410</td><td>Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal</td><td></td><td>Professional Fee: \$1,110.00</td></tr></table>	Select By:	CPT Code	or	CPT Description	CPT Glossary	Costs	1 & 2	What is the CPT code?	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal		Professional Fee: \$1,110.00																																				
Select By:	CPT Code	or	CPT Description	CPT Glossary	Costs																																														
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Section	Name	User Action	CSE Action								
3	Select Facility for Procedure	<p>Indicate the type of facility in which the procedure will be performed.</p> <p>Professional and facility costs are determined by this choice.</p> <p>These choices vary according to the procedure selected.</p>	<table><tr><td>3</td><td>Where will the procedure be performed ?</td><td>Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient</td></tr></table>	3	Where will the procedure be performed ?	Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient					
3	Where will the procedure be performed ?	Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient									
3a	Location Costs	<p>There are no separate facility costs for procedures performed in an office; the facility fee is included in the Professional Fee.</p>	<table><tr><td>3</td><td>Where will the procedure be performed ?</td><td>Military Treatment Facility <input type="radio"/> Provider's Office <input checked="" type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient</td><td>Facility Cost: <table><tr><td>APC</td><td>\$1,640.00</td></tr><tr><td>DRG</td><td>\$0.00</td></tr></table></td></tr></table>	3	Where will the procedure be performed ?	Military Treatment Facility <input type="radio"/> Provider's Office <input checked="" type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient	Facility Cost: <table><tr><td>APC</td><td>\$1,640.00</td></tr><tr><td>DRG</td><td>\$0.00</td></tr></table>	APC	\$1,640.00	DRG	\$0.00
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APC	\$1,640.00										
DRG	\$0.00										
5	Dermatology Resident	<p>Indicate if this procedure is to be performed by a dermatology resident. It only applies to Chemodenervation procedures (CPT Codes 64612, 64613, 64614, and 64650). Therefore the box is only operational when one of these procedures is chosen..</p>	<table><tr><td>5</td><td>Will a dermatology resident perform the procedure?</td><td>N/A</td></tr><tr><td>5</td><td>Will a dermatology resident perform the procedure?</td><td><input checked="" type="radio"/> Yes <input type="radio"/> No</td></tr></table>	5	Will a dermatology resident perform the procedure?	N/A	5	Will a dermatology resident perform the procedure?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
5	Will a dermatology resident perform the procedure?	N/A									
5	Will a dermatology resident perform the procedure?	<input checked="" type="radio"/> Yes <input type="radio"/> No									

Section	Name	User Action	CSE Action
6	Bilateral Procedure Option	Indicate whether or not this procedure is to be done on matching sides. Only some procedures are optionally bilateral.	<div> <div>6</div> <div>Will the procedure be bilateral?</div> <div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div> </div>
7	Select Quantity	Some procedures, such as hair grafts or electrolysis are based on either the number of grafts implanted or the minutes of electrolysis. Depending on the procedure selected, enter the appropriate quantity.	<div> <div>7</div> <div>Quantitative Procedures (Sessions):</div> <div>N/A</div> </div> <div> <div>7</div> <div>Quantitative Procedures (Sessions):</div> <div>1</div> </div>

Section	Name	User Action	CSE Action																																									
8	Add-On Procedures	<p>Associated procedures are procedures that can only be done in conjunction with a primary procedure, as shown in the table at the right. The codes in the left column must be selected before selecting the associated procedure in the right column.</p> <p>Select a procedure from the drop-down list. A reminder appears indicating that associated procedures must be aligned with specific primary procedures.</p>	<div><div><div>8</div><div>Add-on Code:</div><div><div>00000</div><div></div></div></div></div> <table><thead><tr><th>Primary CPT Code</th><th>Description</th><th>Add-On CPT Code</th><th>Description</th></tr></thead><tbody><tr><td>11200</td><td>Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions</td><td>11201</td><td>Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)</td></tr><tr><td>13101</td><td>Repair, complex, trunk; 2.6 cm to 7.5 cm</td><td>13102</td><td>Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)</td></tr><tr><td>13121</td><td>Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm</td><td>13122</td><td>Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)</td></tr><tr><td>13132</td><td>Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm</td><td>13133</td><td>Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)</td></tr><tr><td>13152</td><td>Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm</td><td>13153</td><td>Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)</td></tr><tr><td>15786</td><td>Abrasion; single lesion (eg, keratosis, scar)</td><td>15787</td><td>Abrasion; each additional four lesions or less (list separately in addition to code for primary procedure)</td></tr><tr><td>15830</td><td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy</td><td>15847</td><td>Excision, excessive skin &subcutaneous tissue (includes lipectomy), abdomen (includes umbilical transposition &fascial plication); Panniculectomy with Abdominoplasty</td></tr><tr><td>17999-Y0030</td><td>Laser tattoo removal; ≤ 30 sq. cm, initial session</td><td>17999-Y0031</td><td>Laser tattoo removal; ≤ 30 sq. cm, each addl session</td></tr><tr><td>17999-Y0032</td><td>Laser tattoo removal; ≥ 31 sq cm, initial session</td><td>17999-Y0033</td><td>Laser tattoo removal; ≥ 31 sq cm, each addl session</td></tr></tbody></table>		Primary CPT Code	Description	Add-On CPT Code	Description	11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)	13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	13102	Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)	13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)	13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)	13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)	15786	Abrasion; single lesion (eg, keratosis, scar)	15787	Abrasion; each additional four lesions or less (list separately in addition to code for primary procedure)	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	15847	Excision, excessive skin &subcutaneous tissue (includes lipectomy), abdomen (includes umbilical transposition &fascial plication); Panniculectomy with Abdominoplasty	17999-Y0030	Laser tattoo removal; ≤ 30 sq. cm, initial session	17999-Y0031	Laser tattoo removal; ≤ 30 sq. cm, each addl session	17999-Y0032	Laser tattoo removal; ≥ 31 sq cm, initial session	17999-Y0033	Laser tattoo removal; ≥ 31 sq cm, each addl session
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Section	Name	User Action	CSE Action
9	Select Anesthesia	Select the type of anesthesia to be used. Topical and Local Blocks are part of the cost of the procedure.	<div> <div>9</div> <div>Will anesthesia be used?</div> <div> <input type="radio"/> Topical <input type="radio"/> General/Monitored Anes Care <input type="radio"/> Local Block <input checked="" type="radio"/> Moderate Sedation </div> </div>
9b	Anesthesia Selected	Once an anesthesia option is chosen, the price is automatically calculated based on the procedure chosen.	<div> <div>9</div> <div>Will anesthesia be used?</div> <div> <input type="radio"/> Topical <input type="radio"/> General/Monitored Anes Care <input type="radio"/> Local Block <input checked="" type="radio"/> Moderate Sedation </div> </div> <div> Anesthesia Cost: \$100.00 </div>
10	Fillers and Botox	When an injectable filler is used, select the type of filler from the drop-down list OR type the name of the filler in the box. Enter the unit price and number of units in the Qty box.	<div> <div>10</div> <div>What pharmaceuticals will be provided by the MTF?</div> <div>N/A</div> </div>

Section	Name	User Action	CSE Action			
10b	Fillers and Botox	<p>In addition to specifying the filler or Botox to be used, the unit price and quantity must be entered.</p> <p>The price for Botox is pre-populated in the application because the price remains consistent across all MTFs.</p> <p>Prices for soft tissue fillers are not included because they are local purchase and vary by MTF location , supplier, and quantity ordered. A MSA clerk should contact the MTF pharmacy regarding what soft tissue fillers are available and the unit price for each.</p>	<div> <div>10</div> <div>What pharmaceuticals will be provided by the MTF?</div> </div>	<div> <div>Botox</div> <div>▼</div> </div>	<div>Price</div> <div>5.41</div>	<div>Qty</div> <div>20</div>

Section	Name	User Action	CSE Action
10c	Fillers and Botox	In addition to specifying the filler to be used, the unit price and quantity must be entered. The total price for with Botox or fillers is automatically calculated and added to the total cost of the procedure.	<div> <div>10</div> <div>What pharmaceuticals will be provided by the MTF?</div> <div> <div>Botox</div> <div>▼</div> </div> <div> <div>Price</div> <div>5.41</div> </div> <div> <div>Qty</div> <div>20</div> </div> <div> <div>Pharmaceutical Cost:</div> <div>\$108.20</div> </div> </div>
11	Additional Procedures	Choose other procedures that are to be done at the same time by clicking the button next to "Yes." This opens a new form.	<div> <div>11</div> <div>Will additional procedures be performed during the same visit?</div> <div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div> </div>

Section	Name	User Action	CSE Action
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11a

Select Additional Procedures

On the new form, click the drop-down arrow next to the yellow boxes to select additional procedures. More than one additional procedure can be selected.

In addition to selecting additional procedures, associated procedures beyond the one selected in Section 7 can be entered here.

Additional Procedures

1. Add an Additional Procedure by selecting a CPT code or CPT Description from one of the drop-down boxes below.
2. Enter a quantity for the procedure to be performed in the "Proc Qty" box.
3. If a Chemodenervation procedure is selected, indicate whether or not a dermatology resident will be performing the procedure in the "Derm Res?" box.
4. Click "Bilat?" if the procedure will be performed bilaterally.
5. If a Subcutaneous Injection procedure is selected, choose what filler substance will be used from the "Botox/Filler" drop-down box, enter the price per unit in the "Unit Price" box, and the number of units to be used in the "Qty" box.

Select a Additional Procedure by clicking on the:		CPT Glossary	Botox / Filler	Unit Price	Qty				
CPT Code	or	CPT Description							
Select by CPT		Select by Description							
CPT Code	CPT Description	Professional Fee \$	Facility Fee \$	Proc Qty	Derm Res ?	Bilat ?	Botox / Filler	Botox / Filler \$	Total Cost

Cost of Additional Procedures: \$0.00

Clear List Close

Records: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 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Section	Name	User Action	CSE Action
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11b	View Additional Procedures	<p>Many additional procedures can be selected by using the drop-down arrows repeatedly. To modify a selected procedure, click in the empty cell next to the procedure. A dark arrowhead will indicate which procedure is active.</p>	
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Additional Procedures

1. Add an Additional Procedure by selecting a CPT code or CPT Description from one of the drop-down boxes below.

2. Enter a quantity for the procedure to be performed in the "Proc Qty" box.

3. If a Chemodenervation procedure is selected, indicate whether or not a dermatology resident will be performing the procedure in the "Derm Res?" box.

4. Click "Bilat?" if the procedure will be performed bilaterally.

5. If a Subcutaneous Injection procedure is selected, choose what filler substance will be used from the "Botox/Filler" drop-down box, enter the price per unit in the "Unit Price" box, and the number of units to be used in the "Qty" box.

Select a Additional Procedure by clicking on the:

CPT Code

or

CPT Description

CPT Glossary

Botox / Filler

Unit Price

Qty

11901

Injection, intralesional; more than 7 lesions

N/A

CPT Code	CPT Description	Professionals	Facility	Proc Qty	Derm Res?	Bilat?	Bilat	Botox / Filler	Botox / Filler	Total Cost
		\$	\$						\$	
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	\$105.00	\$525.00	1	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	N/A	\$630.00
11900	Injection, intralesional; up to and including 7 lesions	\$15.00	\$25.00	0	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	N/A	\$40.00
11901	Injection, intralesional; more than 7 lesions	\$20.00	\$25.00	0	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	N/A	\$45.00

Cost of Additional Procedures:

\$715.00

Clear List

Close

Record: 1 of 3

Section	Name	User Action	CSE Action
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11c Clear Additional Procedures

The Clear List button removes ALL additional procedures.

To delete a **single** procedure from the list, select that procedure by clicking anywhere in line for that procedure and pressing the Delete key on the keyboard.

Click the Close button to save the information and return to the main screen. A button at the bottom of the main screen lets users view and edit additional procedures.

Additional / Associated Procedures

1. Add an Additional or Associated Procedure by selecting a CPT code or CPT Description from one of the drop-down boxes below.
 2. Enter a quantity for the procedure to be performed in the "Proc Qty" box.
 3. If a Chemodenervation procedure is selected, indicate whether or not a dermatology resident will be performing the procedure in the "Derm Res?" box.
 4. Click "Bilat?" if the procedure will be performed bilaterally.
 5. If a Subcutaneous Injection procedure is selected, choose what filler substance will be used from the "Injection Filler" drop-down box, enter the price per unit in the "Filler Unit Price" box, and the number of units to be used in the "Filler Qty" box.

Select a Additional or Associated Procedure by clicking on the:

CPT Code	or	CPT Description	Injection Filler	Filler Unit Price	Filler Qty
17999-Y5835		Buttock Augmentation; with implant		N/A	

CPT Code	CPT Description	CPT \$	Facility \$	Proc Qty	Derm Res ?	Bilat ?	Bilat \$	Injection Filler	Filler \$	Total Cost
11951	Subcutaneous injection of filling material 1.1 to 5.0 cc	\$30.00	\$40.00	1	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	N/A	\$0.00	\$70.00
64612	Chemodenervation, facial -- performed by dermatology resident	\$32.05	\$75.00	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0.00	N/A	\$0.00	\$107.05
69090	Ear Pierce	\$20.00	\$0.00	2	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	N/A	\$0.00	\$20.00
17999-Y5835	Buttock Augmentation; with implant	\$295.00	\$670.00	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$965.00	N/A	\$0.00	\$1,930.00

Cost of Associated Procedures: \$2,127.05

Clear List Close

Record: 1 of 4

Additional procedures can be reviewed and changed by clicking this button

[VIEW/EDIT Additional Procedures](#)

Section	Name	User Action	CSE Action
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12	Indicate Implant Source	Clicking "Yes" in this section elicits the Implants Worksheet. Enter the name of the implant or drug, the quantity, and the unit cost. When the information is complete and the Close is clicked, the cost of the implant or drug is added to the total cost of the procedure.	<div data-bbox="741 287 1707 352"> <p>12 Will implants or other non-covered supplies be supplied by the MTF? Include product name and price.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> </div> <div data-bbox="741 365 1451 693"> <p>Implants Worksheet</p> <table border="1"> <thead> <tr> <th>Nomenclature</th> <th>Quantity</th> <th>Unit Cost</th> <th>Totals Costs</th> </tr> </thead> <tbody> <tr> <td></td> <td>0</td> <td>\$0.00</td> <td>\$0.00</td> </tr> </tbody> </table> <p>Cost of Implant/Drug: \$0.00</p> <p>Clear Close</p> <p>Record: 1 of 1</p> </div>	Nomenclature	Quantity	Unit Cost	Totals Costs		0	\$0.00	\$0.00
Nomenclature	Quantity	Unit Cost	Totals Costs								
	0	\$0.00	\$0.00								

VIEW/EDIT Implants/Drug

Clicking the VIEW/EDIT Implants/Drug re-opens a completed Implants Worksheet. The information can be checked or changed at this point.

View a Cost Report



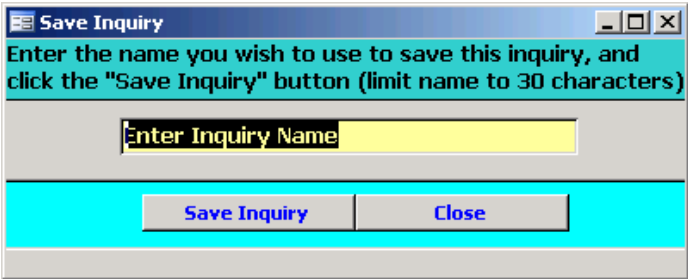

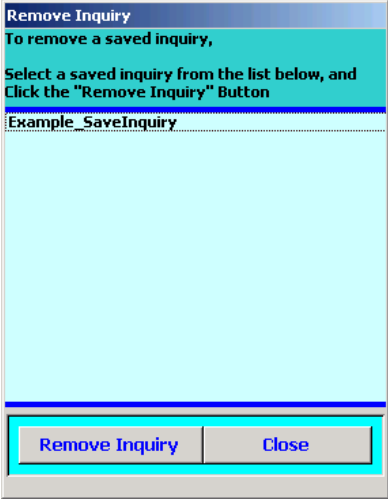

Click this button to see a copy of the completed report.


View Report

Print a Cost Report

Click this button to print the report and give it to the patient.

Print Report

Section	Name	User Action	CSE Action
	Export a Cost Report	Click this button if you need an exportable file.	
	Save an Inquiry	When this button is clicked, the inquiry is saved. Include a date and patient ID in the name of the inquiry.	 
	Delete an Inquiry	Click this button to delete a saved inquiry. Select the inquiry, then click Remove Inquiry.	 
	Reset an Inquiry	Click this button to clear the form and start a new estimate.	

Section	Name	User Action	CSE Action
	Exit the Estimator	Click this button to exit from the Cosmetic Surgery Estimator.	

Appendix G: Bilateral, Associated, Inpatient, and Quantitative Procedures

Bilateral Procedures

CPT Code	Name
15820	Blepharoplasty, lower eyelid;
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid;
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy; forehead (Brow Lift)
15825	Rhytidectomy; neck with p-flap tightening
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (smas) flap
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh lift
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg lift
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip lift
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock lift
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm lift--brachioplasty
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
19300	Mastectomy for Gynecomastia
19316	Mastopexy (Breast Lift)
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21280	Medial canthopexy (separate procedure)
21282	Canthopexy, lateral
21899	Pectoral Augmentation; male chest, with implant
36470	Sclerotherapy; Injection of sclerosing solution; single vein
36471	Sclerotherapy; Injection of sclerosing solution; multiple veins, same leg
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	Ligation, division, and stripping, short saphenous vein
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions
64614	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)
65760	Keratomileusis
65765	Keratophakia

CPT Code	Name
65767	Epikeratoplasty
65770	Keratoprosthesis
67903	Repair of blepharoptosis; (tarso)levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso)levator resection or advancement, external approach
67950	Canthoplasty (reconstruction of canthus)
69300	Otoplasty, protruding ear, with or without size reduction
17999-Y0010	Laser Skin Resurfacing, Non-ablative; arms
17999-Y0011	Laser Skin Resurfacing, Non-ablative; hands
17999-Y0012	Laser Skin Resurfacing, Non-ablative; legs
17999-Y0023	Laser hair removal; arms
17999-Y0024	Laser hair removal; underarms
17999-Y0026	Laser hair removal; legs
17999-Y0028	Laser hair removal; ears
17999-Y0050	Laser Vein Treatment of Leg
17999-Y5000	Microlipoinjection/fat transfer; lips
17999-Y5001	Microlipoinjection/fat transfer; melolabial folds
17999-Y5002	Microlipoinjection/fat transfer; marionette lines
17999-Y5005	Microlipoinjection/fat transfer; tear troughs
17999-Y5006	Microlipoinjection/fat transfer; crows feet
17999-Y5835	Buttock Augmentation w/ implant
17999-Y5836	Buttock Augmentation w/o implant
17999-Y5837	Calf Augmentation
17999-Y5878	Ultrasound assisted lipectomy; upper extremity
17999-Y5879	Ultrasound assisted lipectomy; lower extremity
19350-E	Nipple enlargement
19350-R	Nipple reduction

Add-On Codes

Primary CPT Code	Description	Add-On CPT Code	Description
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	13102	Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)

13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)
15786	Abrasion; single lesion (eg, keratosis, scar)	15787	Abrasion; each additional four lesions or less (list separately in addition to code for primary procedure)
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	15847	Excision, excessive skin & subcutaneous tissue (includes lipectomy), abdomen (includes umbilical transposition & fascial plication); Panniculectomy with Abdominoplasty
17999-Y0030	Laser tattoo removal; ≤ 30 sq. cm, initial session	17999-Y0031	Laser tattoo removal; ≤ 30 sq. cm, each addl session
17999-Y0032	Laser tattoo removal; ≥ 31 sq cm, initial session	17999-Y0033	Laser tattoo removal; ≥ 31 sq cm, each addl session

Inpatient Only Procedures

CPT Code	CPT Description
21141	Reconstruction midface, lefort i; single piece, segment movement in any direction (eg, for long face syndrome), without bone graft
21142	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, lefort i; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft/multiple osteotomies)
21151	Reconstruction midface, lefort ii; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); without lefort i
21155	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); with lefort i
21159	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without lefort i
21160	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with lefort i
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)

CPT Code	CPT Description
21182	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra-&extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting < 40 sq cm
21183	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex foll intra-&extracranial excision, benign tumor, cranial bone, w multi autografts; total area, bone graft > 40 sq cm but < 80 sq cm
21184	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra-&extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting > 80 sq cm
21188	Reconstruction midface, osteotomies (other than lefort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach

Quantitative Procedures

CPT Code	CPT Description
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less

11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
12020	Treatment of superficial wound dehiscence; simple closure
12021	Treatment of superficial wound dehiscence; with packing
13102	Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)

13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15787	Abrasion; each additional four lesions or less (list separately in addition to code for primary procedure)
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15877	Suction assisted lipectomy; trunk
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
17380	Electrolysis Epilation, 30 minute session
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21275	Secondary revision of orbitocraniofacial reconstruction
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
40510	Excision of lip; transverse wedge excision with primary closure
40520	Excision of lip; v-excision with primary direct linear closure
40525	Excision of lip; full thickness, reconstruction with local flap (eg, estlander or fan)
40527	Excision of lip; full thickness, reconstruction with cross lip flap (abbe-estlander)
40530	Resection of lip, more than one-fourth, without reconstruction

40650	Repair lip, full thickness; vermilion only
40652	Repair lip, full thickness; up to half vertical height
40654	Repair lip, full thickness; over one-half vertical height, or complex
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
41820	Gingivectomy, excision gingiva, each quadrant
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41872	Gingivoplasty, each quadrant (specify)
64614	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)
69090	Ear piercing, each piercing
17999-Y0002	Microdermabrasion; segment, facial
17999-Y0004	Laser Skin Resurfacing, Ablative; segment, facial
17999-Y0006	Laser Skin Resurfacing, Non-ablative; segment, facial
17999-Y0031	Laser tattoo removal; ≤ 30 sq. cm, each addl session
17999-Y0033	Laser tattoo removal; ≥ 31 sq cm, each addl session
17999-Y5775	Micro/mini grafts 1- 500 hairs
17999-Y5877	Ultrasound assisted lipectomy; trunk
17999-Y6001	Piercing, Other Body Parts
40799-Y5834	Lip Augmentation; upper or lower, unpaired
D9972	Teeth Whitening; external bleaching, per arch
D9973	Teeth Whitening; external bleaching, per tooth
D9974	Teeth Whitening; internal bleaching, per tooth

Appendix H: Elective Cosmetic Surgery Superbill

The front and back of the Elective Cosmetic Surgery Superbill appear on the next two pages. Printable PDF copies of the form can be obtained from the UBO Service Managers.

MTF:				Patient Name:			
Provider's Name and Phone:				Visit Date: / / Surgery Date: / /			
ICD-9 Code 1:				ICD-9 Code 2:			
Location: <input type="checkbox"/> Office/Minor Surgery Room <input type="checkbox"/> Operating Room Inpatient <input type="checkbox"/> Operating Room Outpatient				<input type="checkbox"/> Anesthesia: <input type="checkbox"/> Local Block <input type="checkbox"/> Monitored/General Anesthesia Care <input type="checkbox"/> Topical <input type="checkbox"/> Moderate Sedation <input type="checkbox"/> None			
Procedure Description		Code	Bi Qty	Procedure Description		Code	Bi Qty
SKIN TAG REMOVAL				RHYTIDECTOMY			
Removal of skin tags, up to 15		11200		Rhytidectomy; forehead		15824	
Removal of skin tags, ea addl 1-10		11201		Rhytidectomy; neck w/P-Flap tightening		15825	
LESION REMOVAL				Rhytidectomy; glabellar grown lines		15826	
Shaving of Epidermal or Dermal Lesions (single lesion)				Rhytidectomy; cheek, chin, & neck		15828	
Trunk, arms or legs				Rhytidectomy; SMAAS flap		15829	
< 0.5 cm lesion diameter		11300		BREAST/CHEST AUGMENTATION			
0.6 to 1.0 cm lesion diameter		11301		Mastectomy for Gynecomastia		19300	
1.1 to 2.0 cm lesion diameter		11302		Mastopexy (Breast Lift)		19316	
> 2.0 cm lesion diameter		11303		Mammoplasty; reduction		19318	
Scalp, neck, hands, feet, genitalia				Mammoplasty; augmentation w/o		19324	
< 0.5 cm lesion diameter		11305		Mammoplasty; augmentation w/implant		19325	
0.6 to 1.0 cm lesion diameter		11306		Removal of intact mammary implant		19328	
1.1 to 2.0 cm lesion diameter		11307		Removal of implant material		19330	
> 2.0 cm lesion diameter		11308		Immediate insertion of implant		19340	
Face, ears, eyelids, nose, lips, mucous membrane				Nipple enlargement		19350-E	
< 0.5 cm lesion diameter		11310		Nipple reduction		19350-R	
0.6 to 1.0 cm lesion diameter		11311		Pectoral Augmentation w/implant, male		21899	
1.1 to 2.0 cm lesion diameter		11312		EXCISION OF EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE			
> 2.0 cm lesion diameter		11313		Abdominoplasty only (mini tuck)		17999-Y5831	
Excision of Benign Lesion (including margins)				Panniculectomy		15830	
Trunk, arms or legs				Panniculectomy w/abdominoplasty &		15847	
< 0.5 cm excised diameter		11400		umbilical transposition			
0.6 to 1.0 cm excised diameter		11401		Thigh Lift		15832	
1.1 to 2.0 cm excised diameter		11402		Leg Lift		15833	
2.1 to 3.0 cm excised diameter		11403		Hip Lift		15834	
3.1 to 4.0 cm excised diameter		11404		Buttock Lift		15835	
> 4.0 cm excised diameter		11406		Brachioplasty (Arm Lift)		15836	
Scalp, neck, hands, feet, genitalia				Forearm or Hand Lift		15837	
< 0.5 cm excised diameter		11420		Submental Fat Pad (chin)		15838	
0.6 to 1.0 cm excised diameter		11421		Lift, Other Area		15839	
1.1 to 2.0 cm excised diameter		11422		LIPOSUCTION — SUCTION ASSISTED LIPECTOMY			
2.1 to 3.0 cm excised diameter		11423		Trunk		15877	
3.1 to 4.0 cm excised diameter		11424		Upper Extremity		15878	
> 4.0 cm excised diameter		11426		Lower Extremity		15879	
Face, ears, eyelids, nose, lips, mucous membrane				LIPOSUCTION — ULTRASOUND ASSISTED LIPECTOMY			
< 0.5 cm excised diameter		11440		Head & Neck		17999-Y5876	
0.6 to 1.0 cm excised diameter		11441		Trunk		17999-Y5877	
1.1 to 2.0 cm excised diameter		11442		Upper Extremity		17999-Y5878	
2.1 to 3.0 cm excised diameter		11443		Lower Extremity		17999-Y5879	
3.1 to 4.0 cm excised diameter		11444		FAT TRANSFER			
> 4.0 cm excised diameter		11446		Fat transfer; lips		17999-Y5000	
Destruction of Cutaneous Vascular Proliferative Lesions				Fat transfer; melolabial folds		17999-Y5001	
< 10 sq cm		17106		Fat transfer; marionette lines		17999-Y5002	
10.0 - 50 sq cm		17107		Fat transfer; forehead		17999-Y5003	
Over 50 sq cm		17108		Fat transfer; glabella		17999-Y5004	
Destruction; Benign Lesions (not skin tags or cutaneous proliferative)				Fat transfer; tear troughs		17999-Y5005	
Destruction; 1-14 benign lesions		17110		Fat transfer; crows feet		17999-Y5006	
Destruction; 15 + benign lesions		17111		CHEMODENERVATION (add Botox qty below)			
Chemical Cauterization				Performed by a dermatology resident? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cautery; granulation tissue (proud flesh, sinus or)		17250		Chemodeneration; facial		64612	
BLEPHAROPLASTY, BLEPHAROPTOSIS, CANTHOPLASTY				Chemodeneration; neck		64613	
Blepharoplasty; lower eyelid		15820		Chemodeneration; extremity or trunk		64614	
Blepharoplasty; w/extensive herniated fat pad		15821		Chemodeneration; both axillae		64650	
Blepharoplasty; upper eyelid		15822		Chemodeneration; eccrine glands other areas, per day		64653	
Blepharoplasty; upper eyelid w/excessive skin		15823		Botox			
Blepharoptosis; internal approach		67903		Botulinum Toxin		J0585	\$5.41
Blepharoptosis; external approach		67904		LASER VEIN TREATMENT			
Canthoplasty		67950		Laser treatment, leg veins		17999-Y0050	
RHINOPLASTY				VEIN STRIPPING			
Primary (lateral & alar cartilages or elevation of tip)		30400		Ligation of long saph vein @		37700	
Primary, complete		30410		Short saph veins		37718	
Primary, w/major septal repair		30420		Long saph veins, to knee or below		37722	
Secondary, minor revision		30430		Stab phlebectomy; one extremity 10-20		37765	
Secondary, intermediate revision		30435		Stab phlebectomy; one extremity 20+		37766	
Secondary, major revision		30450					
Secondary to cleft lip/palate, tip only		30460					
Secondary to cleft lip/palate, tip, septum, osteotomies		30462					
				Bi = Bilateral; Qty = Quantity			

Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty
FACIAL RECONSTRUCTION/REVISION/AUGMENTATION				FACIAL RECONSTRUCTION/REVISION (cont)				WOUND REPAIR			
Genioplasty				Other Facial Reconstruction or Revision				Scalp, neck, axillae, external genitalia, trunk, and/or extremities			
Genioplasty; augmentation	21120			Reconst; zygomatic arch & glen foss	21255			Simple, 2.5 cm or less	12001		
Genioplasty; sliding osteotomy, single	21121			Reconst; orbit w/extracranial osteotomies	21256			Simple, 2.6 cm to 7.5 cm	12002		
Genioplasty; sliding osteotomies, 2 or more	21122			Periosteal osteotomies, extracranial w/graft	21260			Simple, 7.6 cm to 12.5 cm	12004		
Genioplasty; sliding augmentation w/bone grafts	21123			Periosteal osteotomies, extra/intracranial	21261			Simple, 12.6 cm to 20.0 cm	12005		
Mandibular Augmentation				Periosteal osteotomies w/forehead	21263			Simple, 20.1 cm to 30.0 cm	12006		
Augmentation; mandibular body	21125			Orb repositioning, unilateral, extracranial	21267			Simple, over 30.0 cm	12007		
Augmentation; mandibular body or angle w/bone graft	21127			Orb repositioning extra/intracranial	21268			Face, ears, eyelids, nose, lips, and/or mucous membranes			
Reconst; mandibular rami w/o bone graft	21193			Malar augmentation w/prosthetic material	21270			Simple, 2.5 cm or less	12011		
Reconst; mandibular rami w/ bone graft	21194			Secondary revision, orbitocraniofacial	21275			Simple, 2.6 cm to 5.0 cm	12013		
Reconst; mandibular rami w/o internal rigid fixation	21195			Medial canthopexy	21280			Simple, 5.1 cm to 7.5 cm	12014		
Reconst; mandibular rami w/internal rigid fixation	21196			Other Facial				Simple, 7.6 cm to 12.5 cm	12015		
Reconst; mandible, extraoral, w/transosteal bone	21244			Canthopexy, lateral	21282			Simple, 12.6 cm to 20.0 cm	12016		
Reconst; mand or maxilla, subperiosteal implant	21245			Reduct masseter muscle/bone, extraoral	21295			Simple, 20.1 cm to 30.0 cm	12017		
Reconst; mand or maxilla, subperiosteal implant	21246			Reduct masseter muscle/bone, intraoral	21296			Simple, over 30.0 cm	12018		
Reconst; mandible condyle w/bone & cartilage	21247			Otoplasty (ear reconstruction)	69300			Scalp, axillae, trunk, and/or extremities			
Reconst; mandible or maxilla, endosteal implant	21248			NECK				Intermed, 2.5 cm or less	12031		
Reconst; mandible or maxilla, endosteal implant	21249			Cervicoplasty	15819			Intermed, 2.6 cm to 7.5 cm	12032		
Forehead Reduction				OTHER REVISIONS				Intermed, 7.6 cm to 12.5 cm	12034		
Reduction forehead; contouring only	21137			Labial Frenotomy	40806			Intermed, 12.6 cm to 20.0 cm	12035		
Reduction forehead; w/prosthesis or bone graft	21138			Destruction; lesion/scar, vestibule of	40820			Intermed, 20.1 cm to 30 cm	12036		
Reduction forehead; contour & setback ant. frontal	21139			Vestibuloplasty; complex	40845			Intermed, over 30 cm	12037		
Facial Reconstruction				Gingivectomy, each quadrant	41820			Neck, hands, feet, and/or external genitalia			
Reconst; Midface, LeFort I, 1 piece	21141			Excision; alveolar mucosa, ea quadrant	41828			Intermed, 2.5 cm or less	12041		
Reconst; Midface, LeFort I, 2 pieces	21142			Gingivoplasty; each quadrant	41872			Intermed, 2.6 cm to 7.5 cm	12042		
Reconst; Midface, LeFort I, 3 pieces	21143			Buttock Augmentation w/ implant	17999-Y5835			Intermed, 7.6 cm to 12.5 cm	12044		
Reconst; Midface, LeFort I, 1 piece w/bone grafts	21145			Buttock Augmentation w/o implant	17999-Y5836			Intermed, 12.6 cm to 20.0 cm	12045		
Reconst; Midface, LeFort I, 2 pieces w/bone grafts	21146			Calf Augmentation	17999-Y5837			Intermed, 20.1 cm to 30 cm	12046		
Reconst; Midface, LeFort I, ≥ 3 pieces w/bone grafts	21147			Umbilicoplasty	17999-Y5838			Intermed, over 30 cm	12047		
Reconst; Midface, LeFort II, anterior intrusion	21150			LIP AUGMENTATION				Face, ears, eyelids, nose, lips, and/or mucous membranes			
Reconst; Midface, LeFort II, any direction, w/bone	21151			Excision; transverse wedge w/primary	40510			Intermed, 2.5 cm or less	12051		
Reconst; Midface, LeFort III, any direction, w/bone	21154			V-Excision; w/direct linear closure	40520			Intermed, 2.6 cm to 5.0 cm	12052		
Reconst; Midface, LeFort III w/bone grafts, & LeFort I	21155			Excision; full thickness reconstr w/local	40525			Intermed, 5.1 cm to 7.5 cm	12053		
LeFort III w/forehead advancement & bone graft; no	21159			Excision; full thickness reconstr w/cross	40527			Intermed, 7.6 cm to 12.5 cm	12054		
LeFort III w/forehead advancement, bone graft &	21160			Resection; > one fourth, w/o	40530			Intermed, 12.6 cm to 20.0 cm	12055		
Reconst; superior lateral orbital rim & lw forehead	21172			Repair; full thickness; vermilion only	40650			Intermed, 20.1 cm to 30 cm	12056		
Reconst; bifrontal, superior lateral orbital rim & lw forehead	21175			Repair; full thickness; ≤ half vertical	40652			Intermed, over 30 cm	12057		
Reconst; entire or majority forehead w/allografts	21179			Repair; full thickness; > half vertical	40654			Trunk			
Reconst; entire or majority forehead w/allografts	21180			Lip Augmentation; upper or lower	40799-Y5834			Complex, 1.1 cm to 2.5 cm	13100		
Reconst; contouring of cranial bones, extracranial	21181			HAIR REMOVAL				Complex, 2.6 cm to 7.5 cm	13101		
Reconst; orb walls, rims, forehead, w bone grft < 40	21182			Electrolysis Epilation, 30 min session	17380			Complex, ea addl 5 cm or less	13102		
Reconst; orb walls, rims, forehead, w/bone grft 41-79	21183			Laser hair removal; lip	17999-Y0020			Scalp, arms, and/or legs			
Reconst; orb walls, rims, forehead, w/bone grft > 80	21184			Laser hair removal; lip and chin	17999-Y0021			Complex, 1.1 cm to 2.5 cm	13120		
Reconst; Midface; not LeFort type	21188			Laser hair removal; back	17999-Y0022			Complex, 2.6 cm to 7.5 cm	13121		
Osteotomy				Laser hair removal; arms	17999-Y0023			Complex, ea addl 5 cm or less	13122		
Osteotomy; mandible, segmental	21198			Laser hair removal; underarms	17999-Y0024			Forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands			
Osteotomy; w/ genioglossus advancement	21199			Laser hair removal; bikini	17999-Y0025			Complex, 1.1 cm to 2.5 cm	13131		
Osteotomy; segmental (e.g., Wassmund, Schuchard)	21206			Laser hair removal; legs	17999-Y0026			Complex, 2.6 cm to 7.5 cm	13132		
Osteoplasty; facial bones; augmentation	21208			Laser hair removal; beard	17999-Y0027			Complex, ea addl 5 cm or less	13133		
Osteoplasty; facial bones; reduction	21209			Laser hair removal; ears	17999-Y0028			Eyelids, nose, ears and/or lips			
Graft				HAIR TRANSPLANT				Complex, 1.0 cm or less	13150		
Graft, bone; malar/maxilla/nasal augmentation	21210			Punch transplant, 1-15 hair grafts	15775			Complex, 1.1 cm to 2.5 cm	13151		
Graft, bone; mandible (incl graft)	21215			More than 15 punch hair grafts	15776			Complex, 2.6 cm to 7.5 cm	13152		
Graft, rib to face/chin/nose/ear	21230			Micro/mini grafts: 1-500 hairs	17999-Y5775			Complex, ea addl 5 cm or less	13153		
Graft, ear cartilage to nose or ear	21235			CORNEA REFRACTION				Wound Closure			
Arthroplasty				Keratotomy/leisis	65760			Superficial wound dehiscence; simple close	12020		
Arthroplasty, TMJ, w or w/o autograft	21240			Keratophakia	65765			Superficial wound dehiscence; w/packing	12021		
Arthroplasty, TMJ, w/ allograft	21242			Epikeratoplasty	65767			2nd closure surg wound, extensive	13160		
Arthroplasty, TMJ, w/prosthetic joint replacement	21243			Keratoprosthesis	65770			OTHER SUPPLIES			
DENTAL				DENTAL					A9270		
				External Bleaching, per arch	09972				A9270		
				External Bleaching, per tooth	09973				A9270		
				Internal Bleaching, per tooth	09974				A9270		
				Laser Whitening, per treatment	09999				A9270		